

Name
in
Full

Annie M Basil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>a a bo</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Nov</i>	Day	<i>14</i>
Age	<i>13</i>	Years	<i>13</i>	Months	<i>5</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Annapolis</i>
Occupation	<i>School Girl</i>		Where Residing if not at place of death <i>Eastport Md</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>none</i>			
Father's Name	<i>Harry Basil</i>			Father's Birthplace	<i>Annapolis</i>
Mother's Maiden Name	<i>Annie Fritz</i>			Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>Harry Basil</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

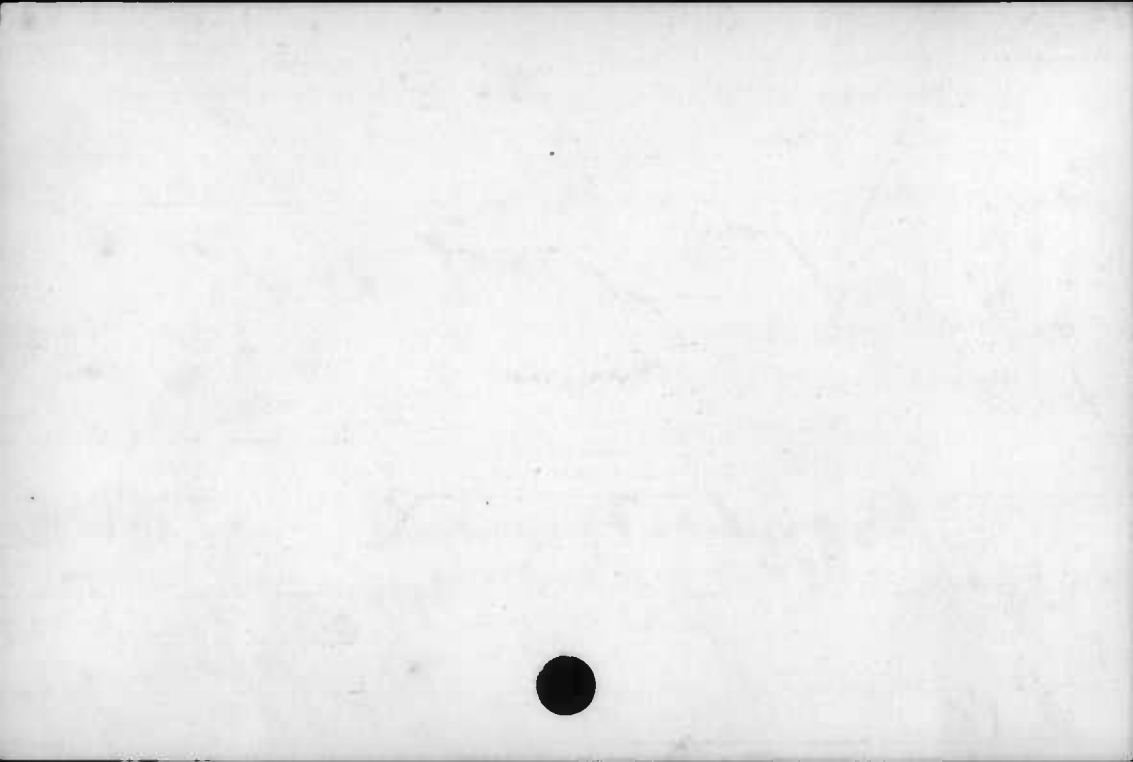
Primary	<i>Intestinal cause unknown</i>	How long	<i>5 or 6 days</i>
Immediate	<i>Asthemia</i>	How long	<i>last day of illness</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. J. H. H. H.</i>
		Address	<i>Annapolis</i>
Accident or Suicide?	<i>no</i>		<i>Ind</i>



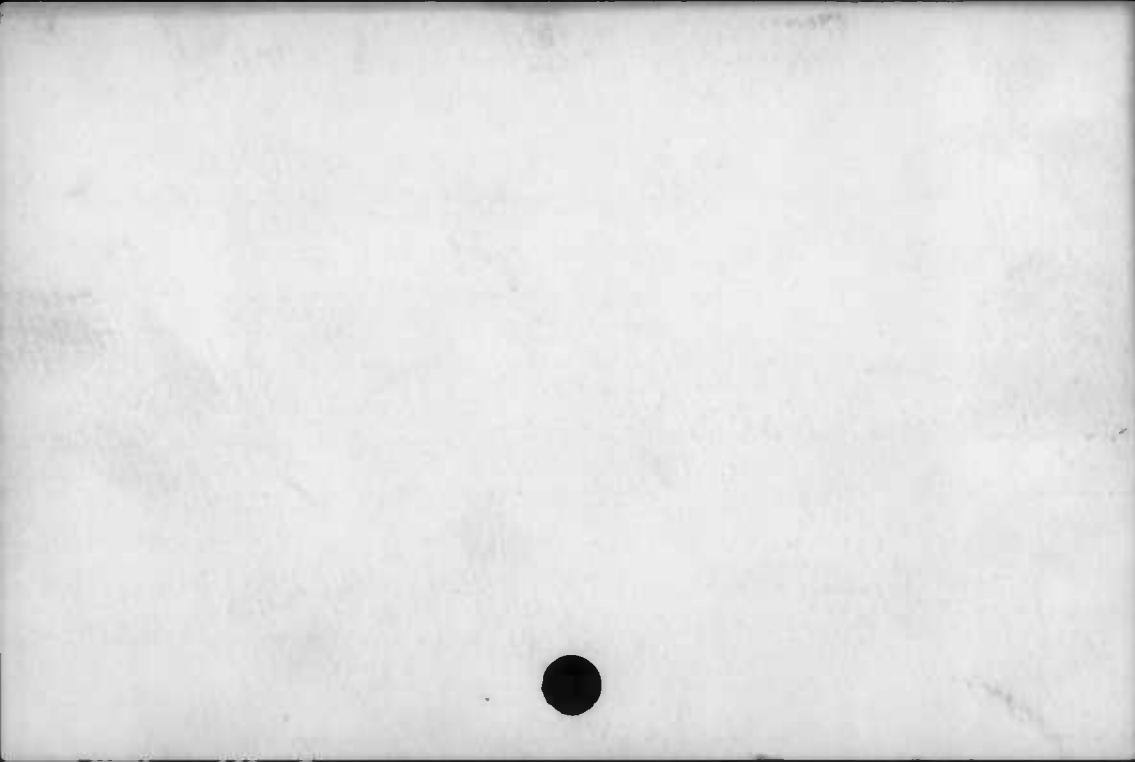
Name in Full		Town		County		CERTIFICATE OF DEATH	
Harris		East Port		Anne Arundel		MARYLAND	
Died at		Date of death		Age		Months Days	
1908		Nov 24		60			
Sex		Color or Race		Birth-place			
Male		Colored		West River			
Occupation		Where Residing if not at place of death					
Laborer		East Port					
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Priscilla Blunt					
Father's Name		Father's Birthplace					
Balem Blunt		West River					
Mother's Maiden Name		Mother's Birthplace					
Susan Matthews		"					
Name of person giving information		How related to deceased					
Priscilla Blunt		Wife					
		CAUSES OF DEATH		120			
Primary		Chronic Subacute Nephritis		How long		3 months	
Immediate		Carditis		How long		One week	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		P. P. Keegan	
				Address		60. Cothran St Annapolis Md	
Accident or Suicide?		no					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		James Brice		Certificate of Death	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis Md	County A H	MARYLAND	
	Date of death	1908	Month Nov	Day 5	Age 27 1/2
	Sex	male	Color or Race	Colored	Birth-place
	Occupation	—		Where Residing if not at place of death 137 South St.	
	Married, Single or Widowed	single	Name of Wife or Husband	Not Known	
	Father's Name	James Brice		Father's Birthplace	Annapolis Md
	Mother's Maiden Name	Victoria Boston		Mother's Birthplace	Glenview Ind
Name of person giving information	Victoria Brice		How related to deceased	mother	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Broncho-Pneumonia		How long	2 weeks
	Immediate	Convulsions		How long	2 hrs
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. P. Keenan
	Accident or Suicide?	No		Address	Annapolis Md 60 Cathedral St



Name
in
Full

Herman Bronznsky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date of death		Month		Day		Years		Months		Days	
1908		Nov		26		Age 69					
Sex		Color or Race		Birth-place							
Male		White		Unknown							
Occupation				Where Residing if not at place of death							
Laborer											
Married, Single or Widowed				Name of Wife or Husband							
Married				Josephine Bronznsky							
Father's Name				Father's Birthplace							
Unknown				Unknown							
Mother's Maiden Name				Mother's Birthplace							
Unknown				Unknown							
Name of person giving information				How related to deceased							
Josephine Bronznsky				Wife							

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

6 months

How long

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Collinson

South River

Accident or Suicide?

Ad.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

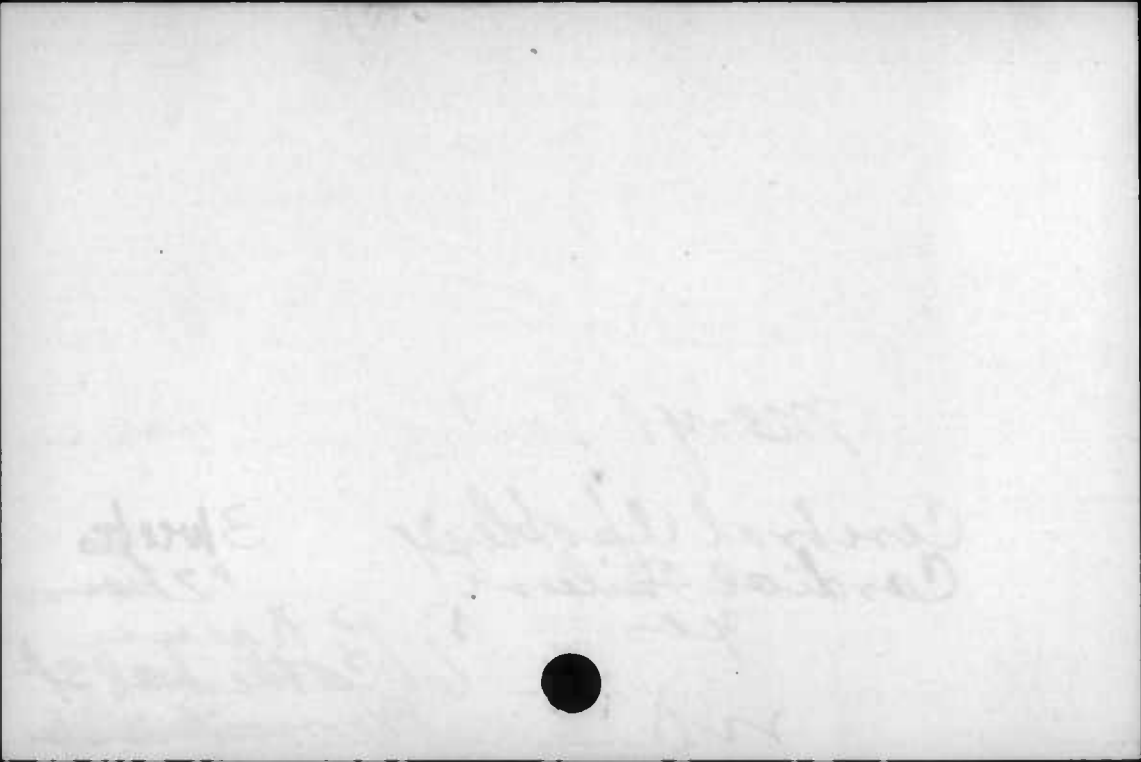
Name in Full <i>Joseph Russell Catterton</i>		Town <i>McKendree</i>		County <i>Anne Arundel</i>		MARYLAND									
Died at <i>McKendree</i>		Date of death <i>1908</i>		Month <i>Nov.</i>		Day <i>8</i>		Age <i>7</i>		Years <i>5</i>		Months <i>17</i>		Days <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>											
Occupation _____						Where Residing if not at place of death _____									
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband _____											
Father's Name <i>Richard Catterton</i>				Father's Birthplace <i>Md.</i>											
Mother's Maiden Name <i>Carrie Chaney</i>				Mother's Birthplace <i>Md.</i>											
Name of person giving information <i>Richard Catterton</i>				How related to deceased <i>Father</i>											

CAUSES OF DEATH

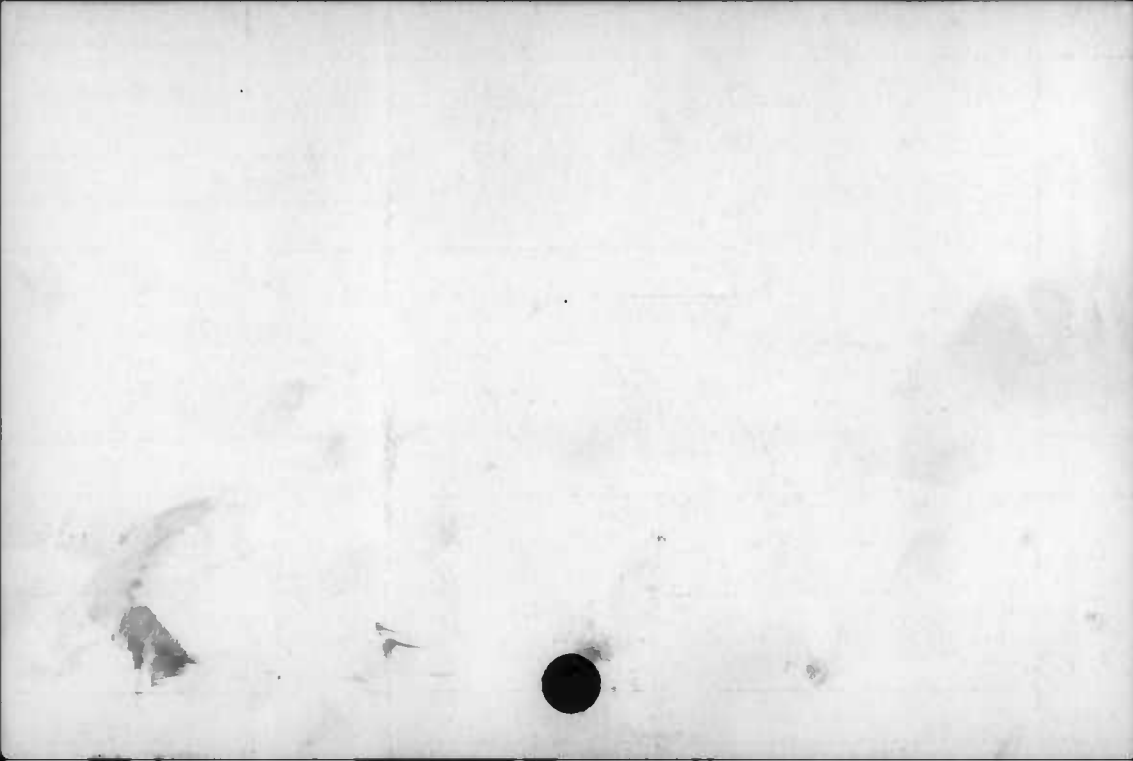
104

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>		How long <i>one week</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. H. Perrie</i>	
<i>8</i>		Address <i>McKendree, Md.</i>	
Accident or Suicide?			



Name in Full		Certificate of Death			
William L. Coates		Died at East Port		County Anne Arundel	
Date of death 1908		Month November	Day 20	Age 32	Months _____ Days _____
Sex Male		Color or Race Colored		Birth-place West River	
Occupation Carpenter		Where Residing if not at place of death East Port			
Married, Single or Widowed Married		Name of Wife or Husband Mary E. Matthews			
Father's Name John H. Coates		Father's Birthplace A. A. Co.			
Mother's Maiden Name Sophia Matthews		Mother's Birthplace A. A. Co.			
Name of person giving information Mary E. Coates		How related to deceased Wife			
CAUSES OF DEATH					
Primary Cerebral Apoplexy		(64)		How long 3 weeks	
Immediate Cardiac Failure				How long 12 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R. P. Rogers		Address 60 Catharine St	
Accident or Suicide? No		Address		Annapolis	



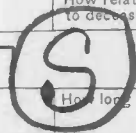
Name
in
Full

CERTIFICATE OF DEATH

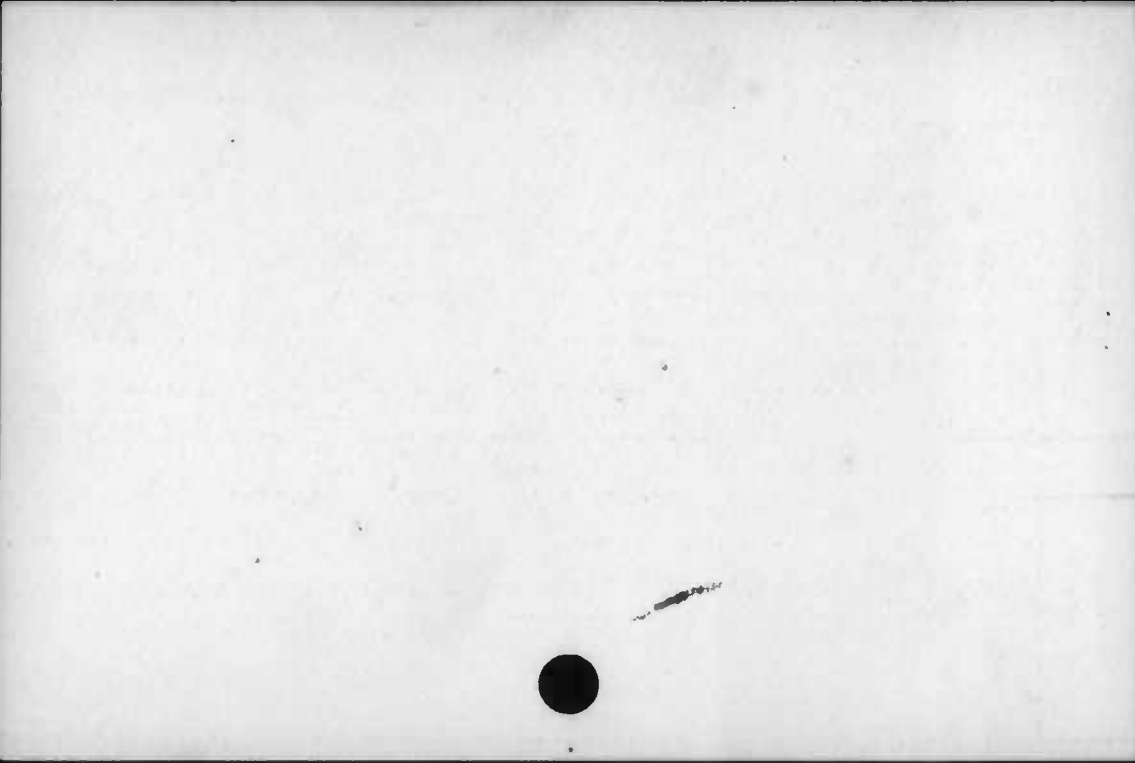
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Portland</i>		Town		<i>Harley</i>		County		MARYLAND					
Date of death <i>1908</i>		Month <i>November</i>		Day <i>16</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>									
Occupation						Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Robert Darley</i>									
Father's Name <i>Robert Darley</i>						Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Annie M. E. Chellam</i>						Mother's Birthplace <i>Maryland</i>							
Name of person giving Information <i>Edward M. E. Chellam</i>						How related to deceased <i>sister</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. H. E. Harley, Acting Coroner</i>	
		Address <i>Annapolis Junction Maryland</i>	
Accident or Suicide?			



Name
in
Full

Mary Pelagia Deskes

CERTIFICATE OF DEATH

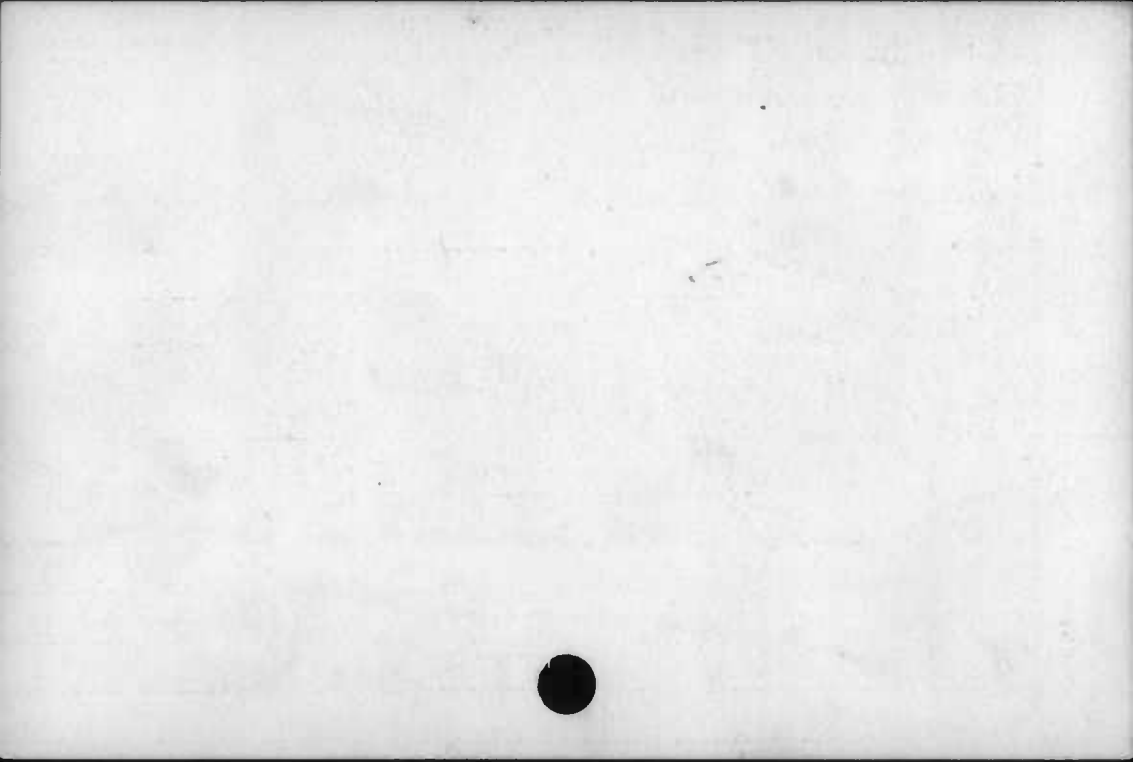
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1908	Month	11	Day	1	Age	Years 82
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Metz Longoria Schreiner</i>
Occupation	<i>Domestic</i>			Where Residing if not at place of death			
Married: Single or Widowed				Name of Wife or Husband			
Father's Name	<i>John Deskes</i>			Father's Birthplace <i>Metz Longoria Schreiner</i>			
Mother's Maiden Name	<i>Anna Woshing</i>			Mother's Birthplace " " "			
Name of person giving information	<i>Sisters of Holy Dots by L. M. Clerigo</i>			How related to deceased <i>Members of the same community</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>One week</i>
Immediate	<i>"</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Oliver Purvis,</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?	<i>no</i>		



Name
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Full

CERTIFICATE OF DEATH

Mary Foraser.

TO BE ANSWERED BY
NEAREST FRIEND

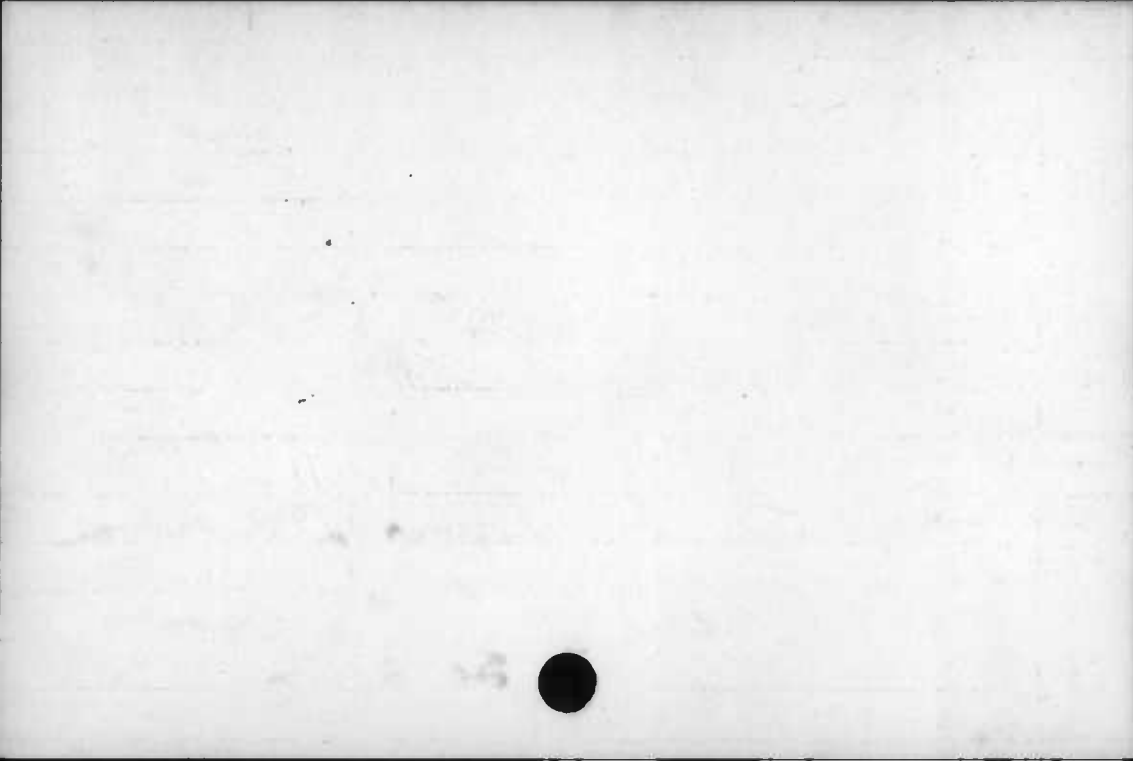
Died at <i>Ex Baltimore</i>		County <i>A.A.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>22</i>	Age <i>1</i>	Months <i>1</i>	Days <i>14</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Stephew Foraser</i>		Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>Martana Todeschi</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Stephew Foraser</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Infantile Convulsions</i>		How long <i>2 hours</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Thos. B. Norton</i>
			Add <i>50. Batts, Md.</i>
Accident or Suicide? <i>-</i>			



Name
in
Full

Henry Charles Glanzer

CERTIFICATE OF DEATH

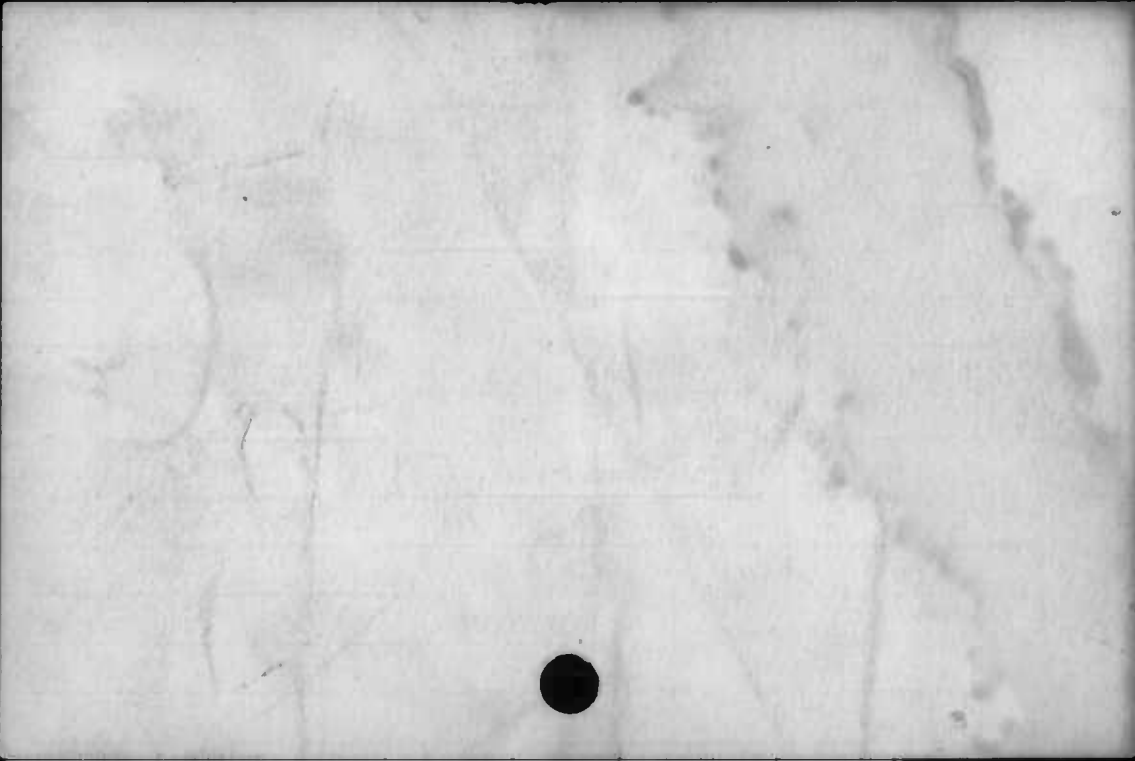
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montevideo</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	1908	Month	11	Day	30
Sex	Male	Color or Race	White	Age	—
Occupation	—		Where Residing if not at place of death	—	
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Herman Glanzer			Father's Birthplace	East Germany
Mother's Maiden Name	Blanche Gile			Mother's Birthplace	Ind
Name of person giving information	Blanche Glanzer			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Thrombosis</i>	How long	<i>4 days</i>
Immediate	<i>Intercranial pressure</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>Dr. Hammond</i>
Accident or Suicide?	No	Address	<i>Jersey Ind</i>



Name
in
Full

Edna I. Griffith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

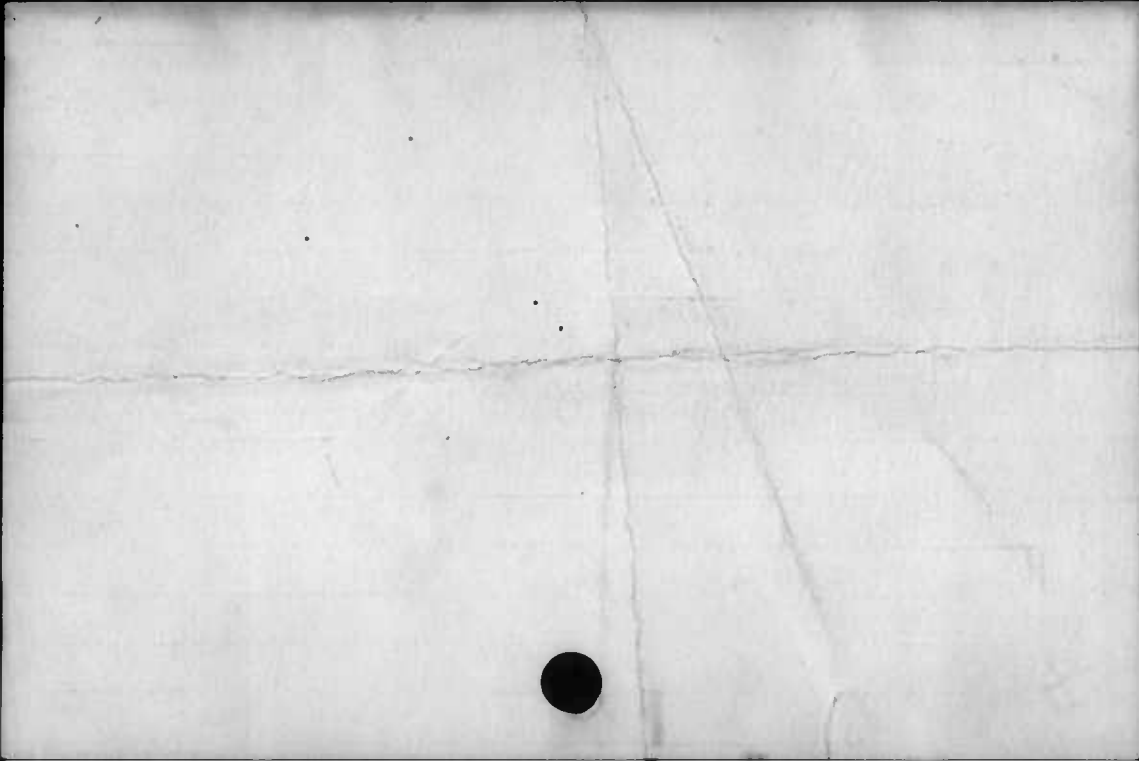
Died at <u>Severn</u> Town		<u>Prin Arundel</u> County		MARYLAND			
Date of death	<u>1908</u> Month	<u>November</u> Day	<u>3</u> Age	<u>—</u> Years	<u>3</u> Months	<u>8</u> Days	
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Severn</u>
Occupation	<u>—</u>		Where Residing If not at place of death <u>—</u>				
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>—</u>				
Father's Name	<u>Wm G Griffith</u>				Father's Birthplace	<u>Ind</u>	
Mother's Maiden Name	<u>Sarah B Jackson</u>				Mother's Birthplace	<u>Ind</u>	
Name of person giving information	<u>Sarah B Griffith</u>				How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Emotion</u>	How long	<u>3 months</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>R. A. Hammond</u>
	<u>no</u>	Address	<u>Jessup</u>
Accident or Suicide?	<u>no</u>		



Name
in
Full

Sarah B. Griffith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

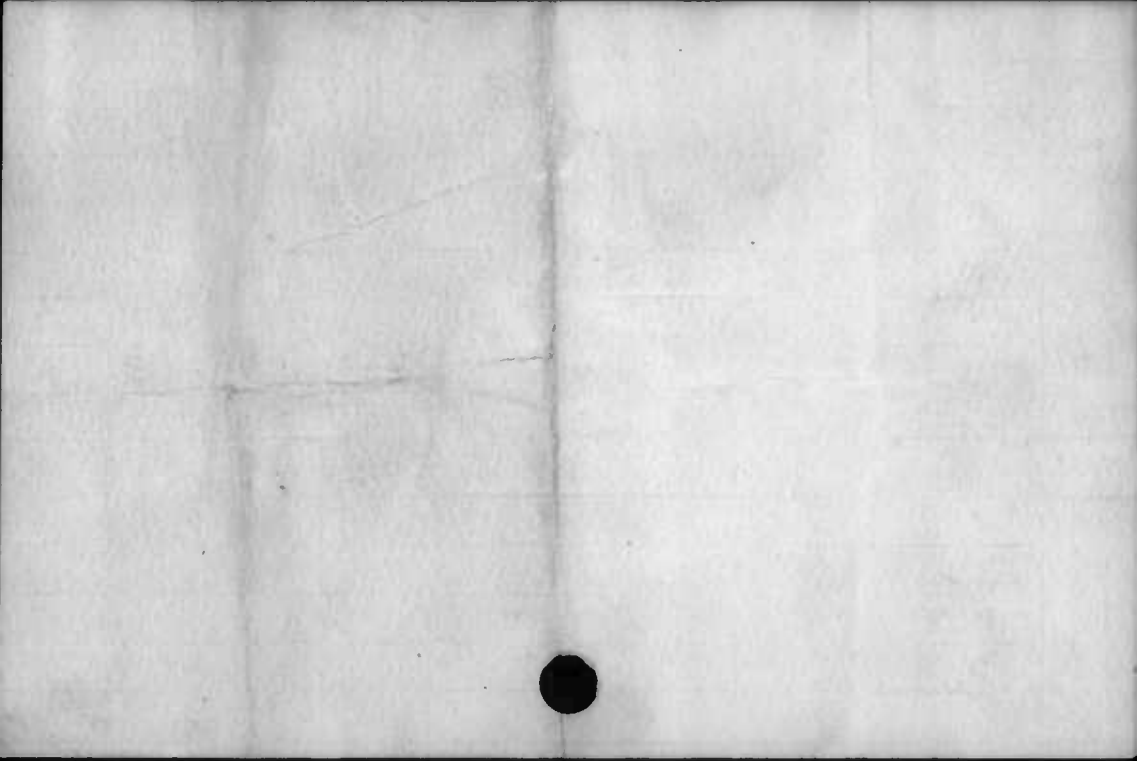
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		11	27	44	44	10	7
Sex		Color or Race		Birth-place			
Female		White		Maryland			
Occupation				Where Residing if not at place of death			
Housewife				—			
Married, Single or Widowed		Name of Wife or Husband					
Married		Wm H. Griffith					
Father's Name		Father's Birthplace					
Thomas Jackson		Ind					
Mother's Maiden Name		Mother's Birthplace					
Alberta Pumphrey		Ind					
Name of person giving information		How related to deceased					
Wm H. Griffith		Husband					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Intestinal Nephritis	How long	7 months
Immediate	Exaemia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. J. Hammond	
		Address	
		Jesup	
Accident or Suicide?		Ind.	
No			



Name
in
Full

Many Amelia Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

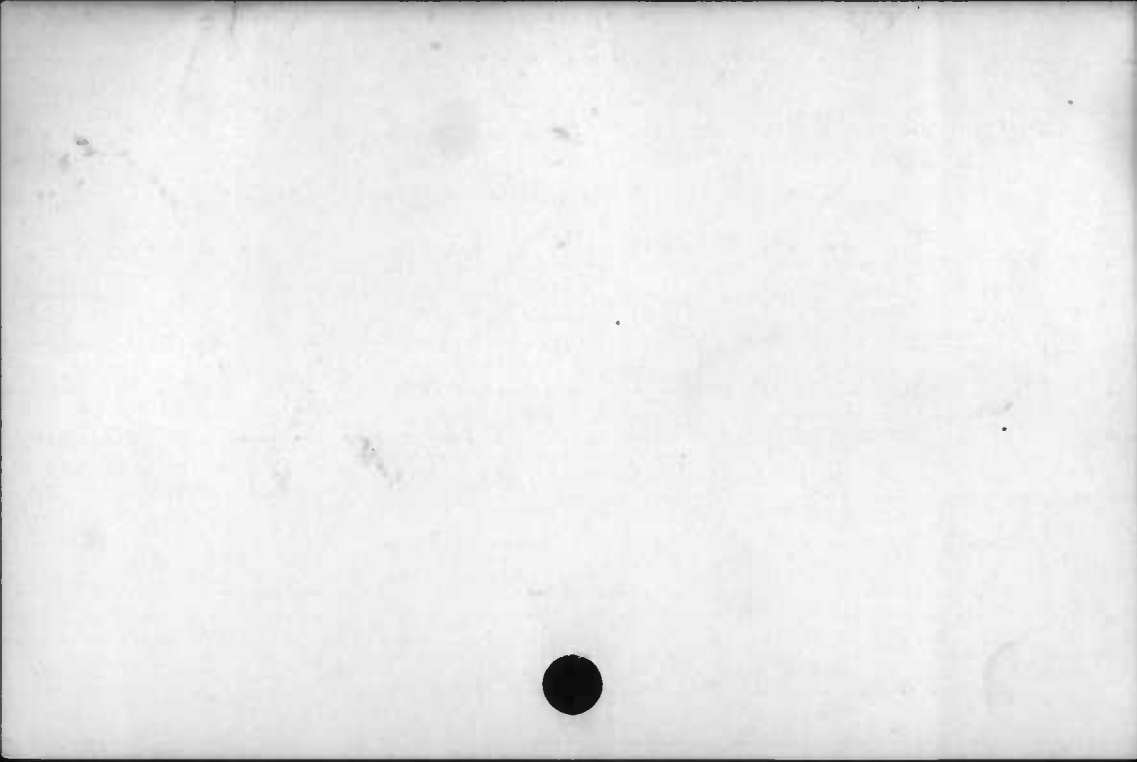
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		11	16		2	4	
Sex		Color or Race		Birth-place			
Female		Colored		Friendship			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Geo W. Hall				Calvert Co			
Mother's Maiden Name				Mother's Birthplace			
Kate A Maynard				A A Co			
Name of person giving information				How related to deceased			
Geo W Hall				Father			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	One week
Immediate	Heart exhaustion	How long	Several hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. L. Brayshaw	
8		Address	
		Friendship	
		Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

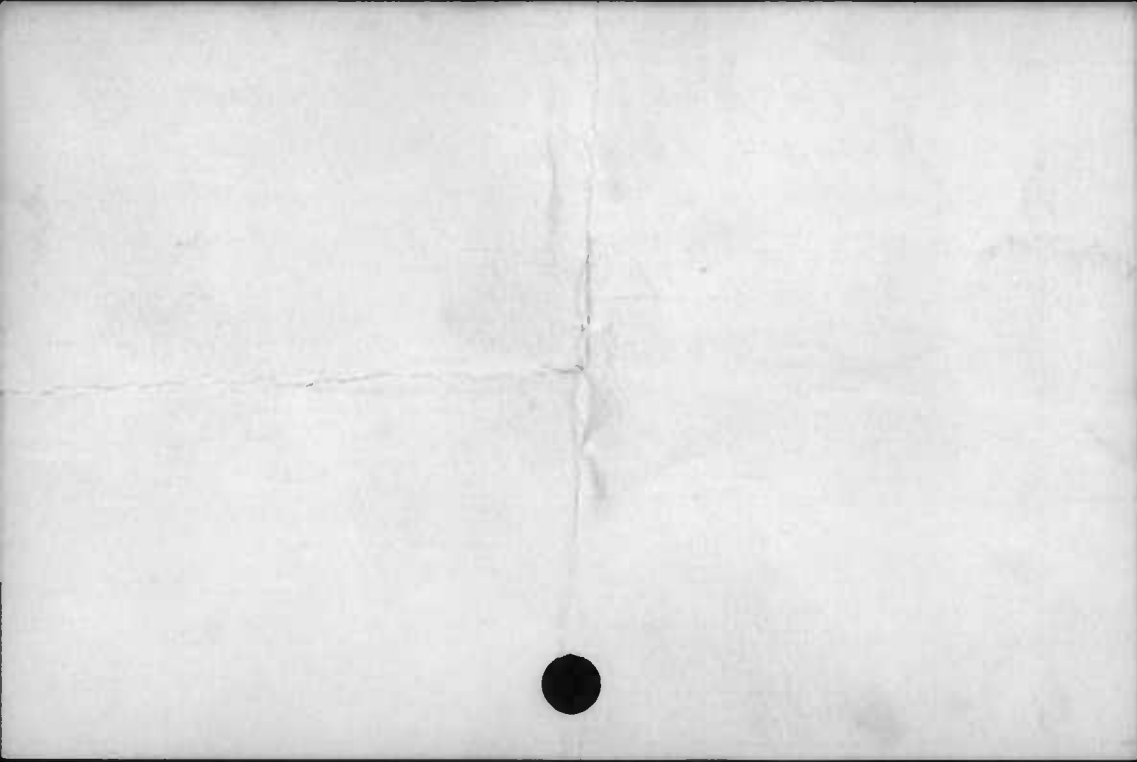
Died at <i>3rd State</i> Town			<i>A.D.</i> County			MARYLAND		
Date of death <i>1908</i>		Month <i>Nov</i>	Day <i>3</i>	Age <i>5</i> Years		Months		Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>A.D. Co. Md.</i>				
Occupation <i>None</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband						
Father's Name <i>Frank Harris</i>				Father's Birthplace <i>A.D. Co. Md.</i>				
Mother's Maiden Name <i>Lilly</i>				Mother's Birthplace <i>A.D. Co. Md.</i>				
Name of person giving information <i>Frank Harris</i>				How related to deceased <i>Sister</i>				

CAUSES OF DEATH

144

PHYSICIAN
OR CORONER

Primary <i>Cranial Abscess of the brain</i>		How long <i>5 days</i>	
Immediate <i>Inflammation</i>		How long <i>of few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. D. Redant</i>	
<i>D</i>		Address <i>Annapolis Md.</i>	
Accident or Suicide?		<i>Dr. J. D. Redant</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lucinda Harris

Town *Annapolis* County *Anne Arundel* *MARYLAND*

Died at *Annapolis*

Date of death *1908 Nov 16* Age *one* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birthplace *Annapolis*

Occupation *—* Where Residing if not at place of death *97 Calvert St.*

Married, Single *Single* Name of Wife or Husband *—*

Father's Name *William Harris* Father's Birthplace *A. A. Co. Ind*

Mother's Maiden Name *Maggie Galloway* Mother's Birthplace *A. A. Co. Ind*

Name of person giving information *Father* How related to deceased *Father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

Months

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

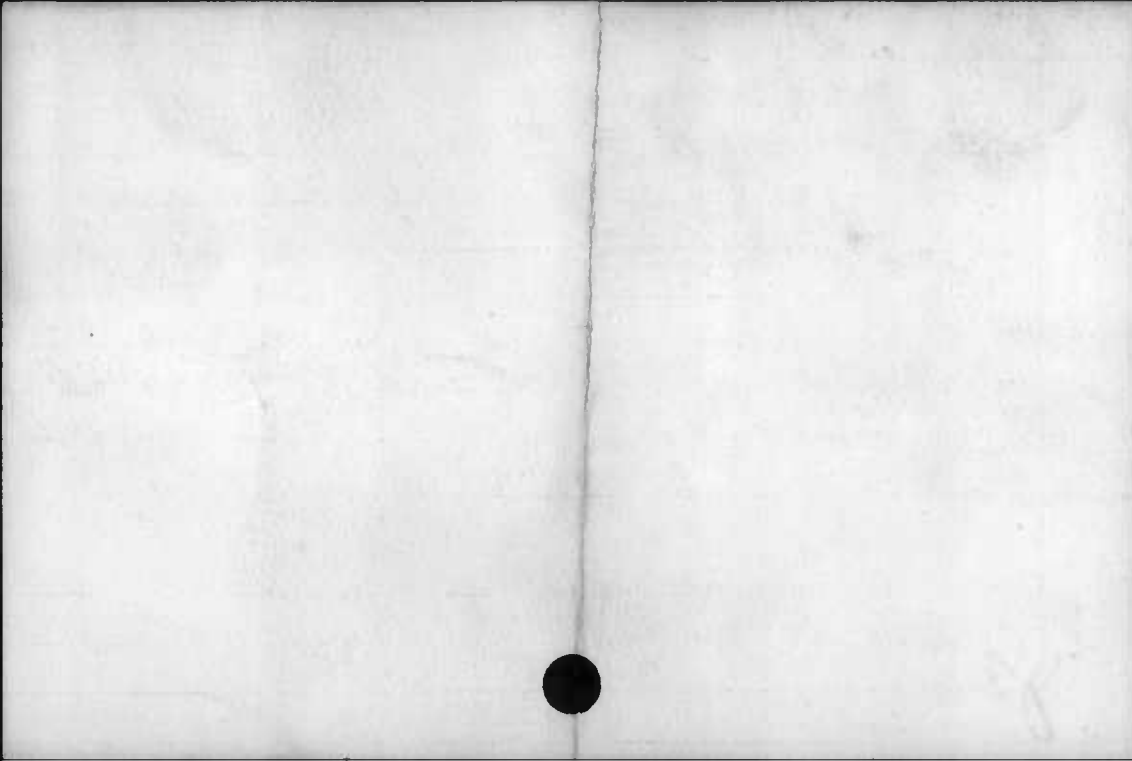
Yes

Signature of Physician

Address

*John Ridout, M.D.
Annapolis
Md*

Accident or Suicide?



Name
in
Full

Andy Hemilinski

CERTIFICATE OF DEATH

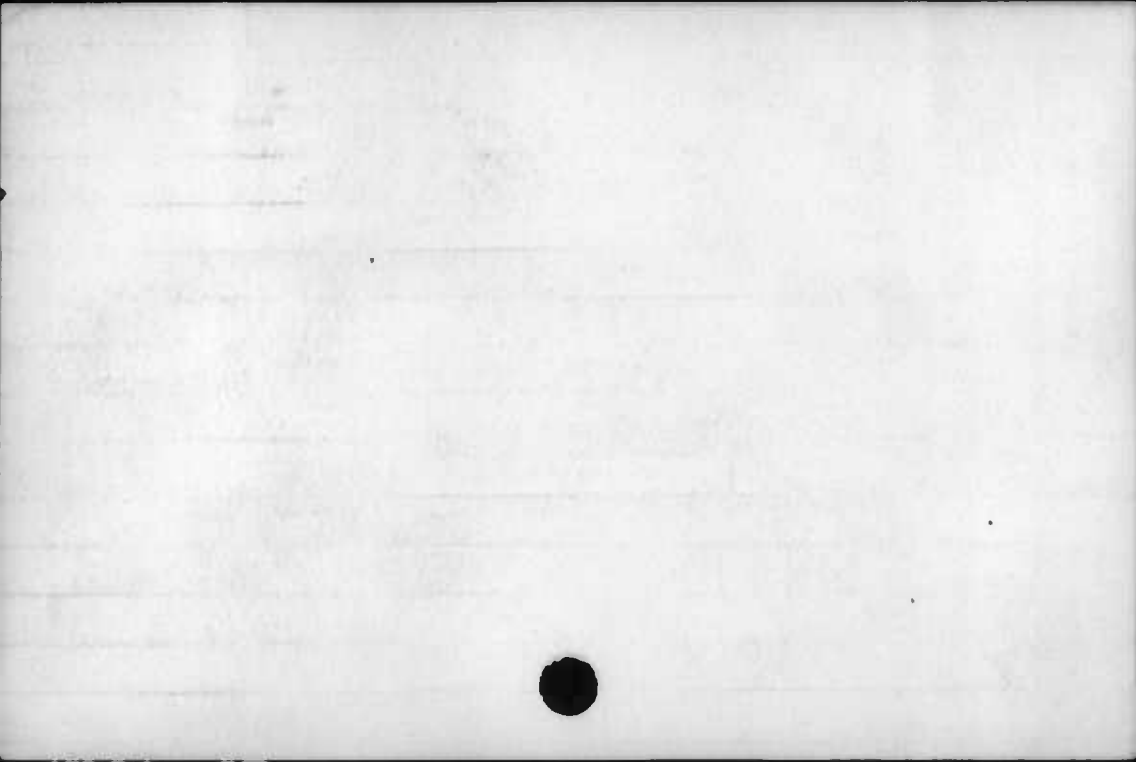
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
East Brooklyn		D. C.					
Date of death	1908	Month	Nov	Day	16	Age	Years
Sex	Male	Color or Race	white	Birth-place	East Brooklyn		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Louis Hemilinski			Father's Birthplace			Poland
Mother's Maiden Name	Mary Fisher			Mother's Birthplace			Germany
Name of person giving information	Louis Hemilinski			How related to deceased			Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infantile Convulsions	How long	One hour
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thos B. Horton M.D.
		Address	So. Baltimore Md
<input checked="" type="checkbox"/> Suicide?			



Name
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Full

CERTIFICATE OF DEATH

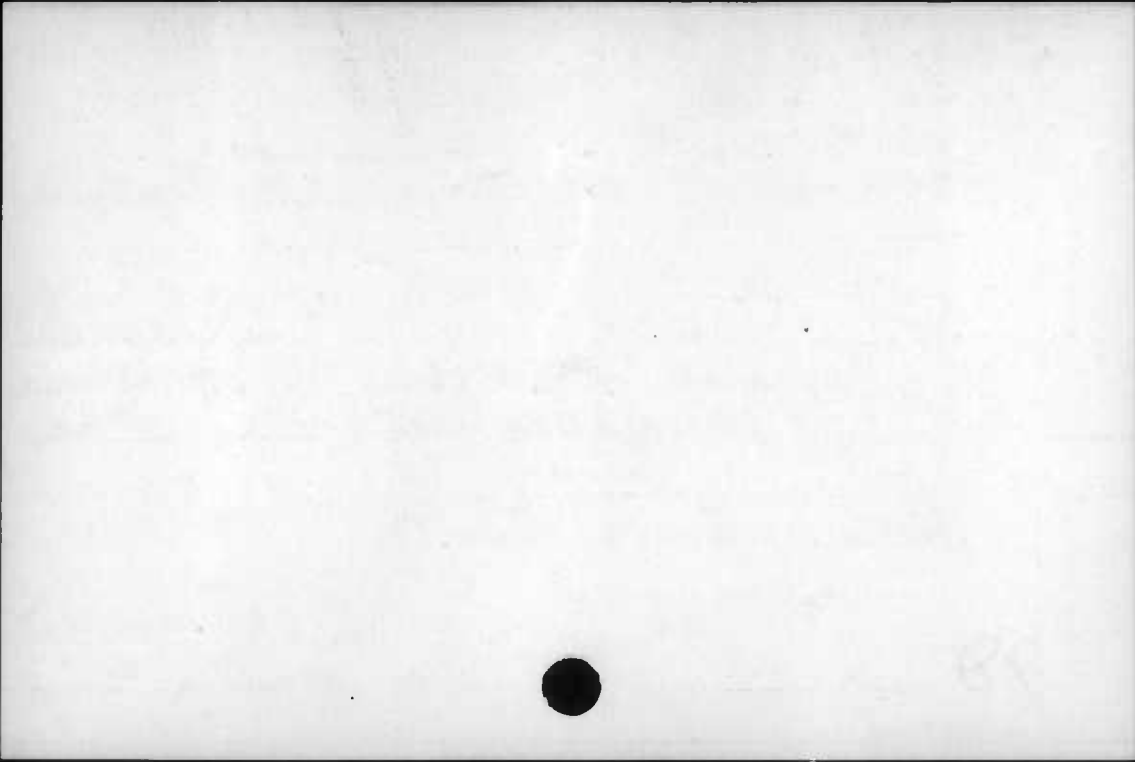
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alexander Hubbard</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>East Port</i> Town		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>22</i>	Age <i>65</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>St. Michaels Md.</i>			
Occupation <i>Waterman</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hillie Ann Hubbard</i>				
Father's Name <i>Henry Hubbard</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Hillie Ann Hubbard</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>Don't know</i>
Immediate <i>Atherosclerosis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S Welch</i>
Accident or Suicide? <i>—</i>	Address <i>Annapolis</i>



Name
in
Full

CERTIFICATE OF DEATH

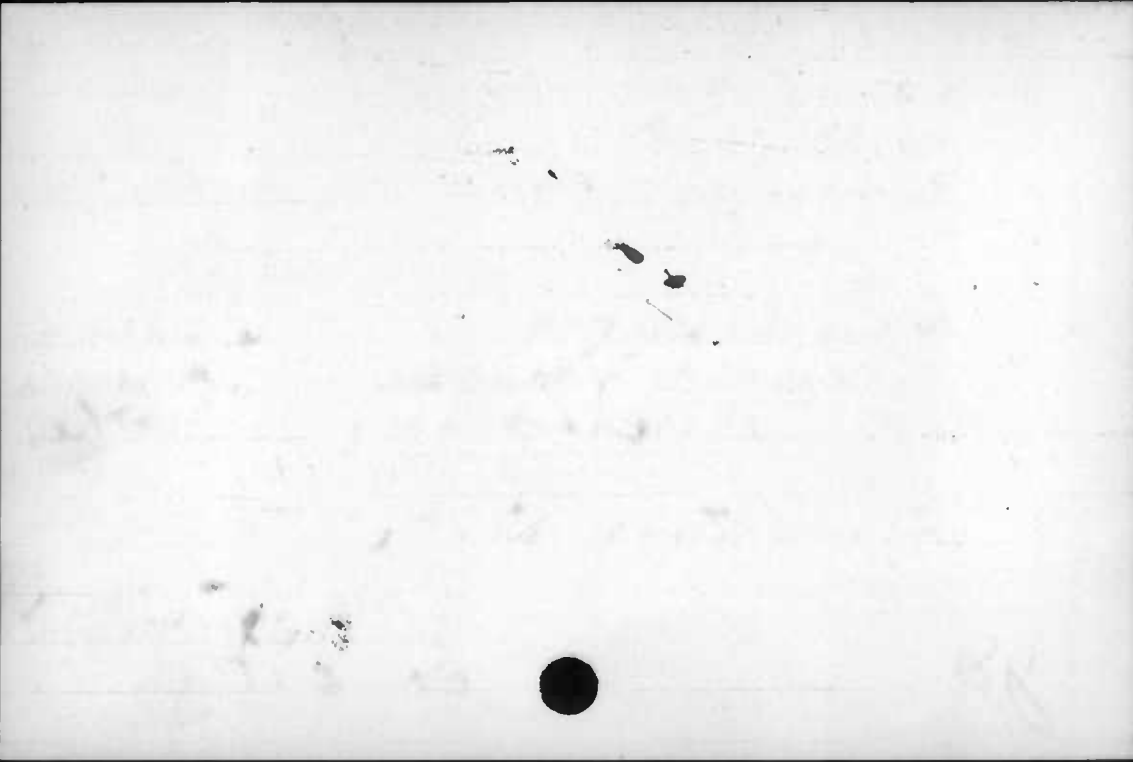
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
So.		Baltos		a. a.		MARYLAND	
Date of death		Month		Day		Age	
1908		Nov		9		Years	
Sex		Color of Race		Birth-place		Days	
Female		white		So. Baltos, Md		7	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John Jesek				Bohemia			
Mother's Maiden Name				Mother's Birthplace			
Margaret Zapatosky				Bohemia			
Name of person giving information				How related to deceased			
Margaret Jesek				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Premature Birth		(151)	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. B. Horton MD	
8		Address	
		So. Baltos, Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town} <i>Md</i> ^{County} <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i> ^{Month} <i>Nov</i> ^{Day} <i>12</i>	Age <i>—</i> ^{Years}	Months <i>—</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Annapolis, Md</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>Clarence S. Kempff</i>		
Father's Name <i>Clarence S. Kempff</i>	Father's Birthplace <i>San Francisco</i>		
Mother's Maiden Name <i>Alice Wye, Brigham</i>	Mother's Birthplace <i>Paris, France</i>		
Name of person giving information <i>C. S. Kempff</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

145

PHYSICIAN
OR CORONER

Primary <i>Dermatitis Exfoliativa</i>	How long <i>Six days.</i>
Immediate <i>Toxemia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. L. Barnes, P. A. Surgeon, U.S.N.</i>
	Address <i>Camel Hare Hotel</i>
	<i>Annapolis</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Still born Knoche
a.a.

CERTIFICATE OF DEATH

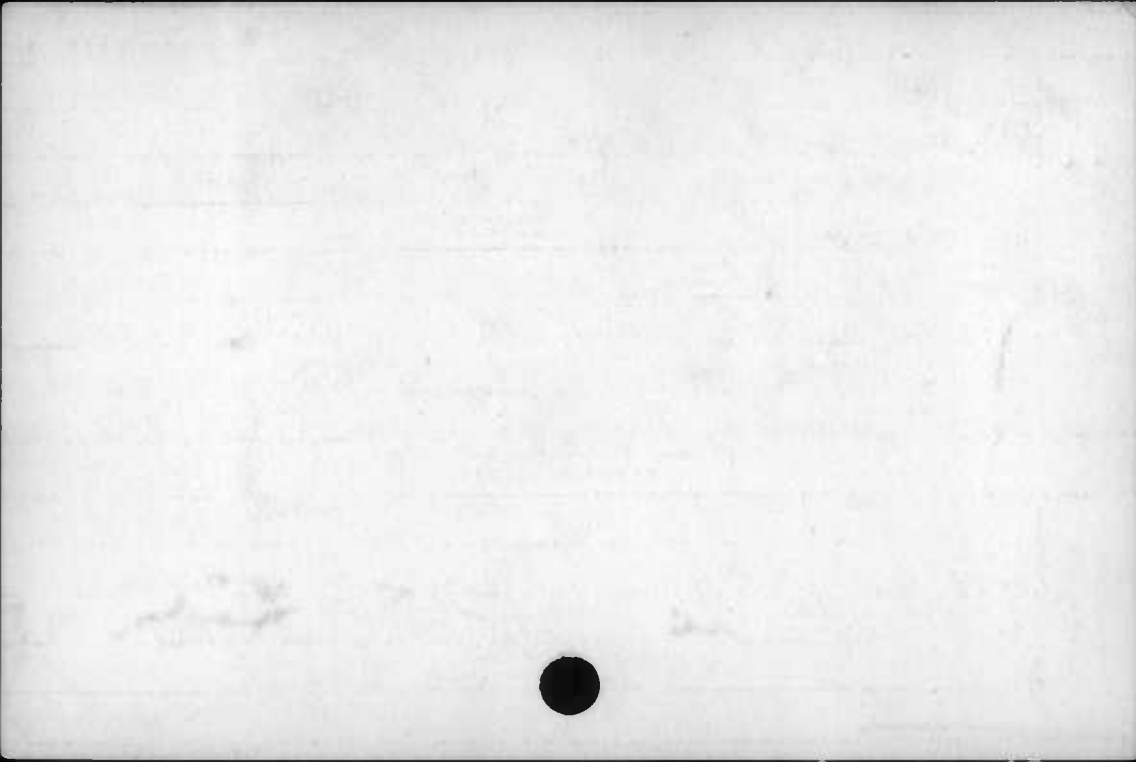
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Brooklyn</i>		Town <i>Brooklyn</i>		County <i>a.a.</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Nov</i>	Day	<i>12</i>	Age	<i>—</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>East Brooklyn Md</i>		Months	<i>—</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years		Days	<i>—</i>
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>John Knoche</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Mary Goderefska</i>		Name of person giving information <i>John Knoche</i>		Mother's Birthplace <i>Germany</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>(S)</i>
Immediate	<i>yes</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Horton M.D.</i>	
		Address <i>So. B. Atty. Md.</i>	
Accident <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

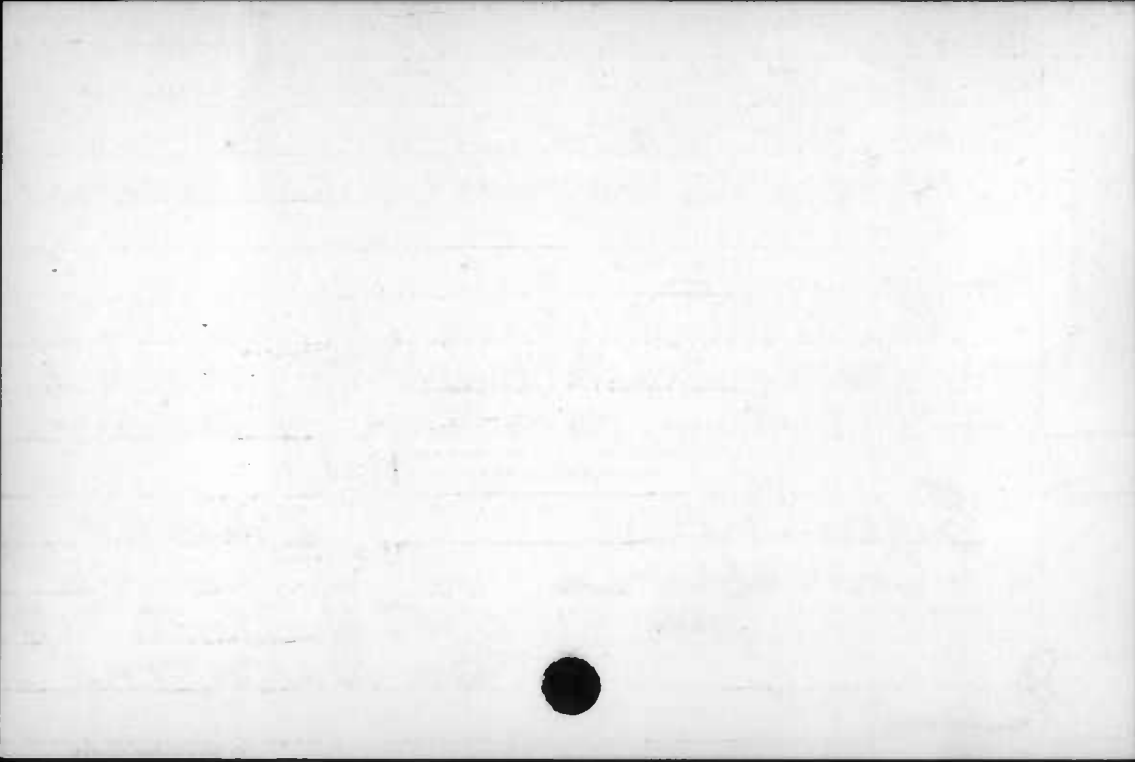
Name John McCormick		Town Masonville		County Ana-		MARYLAND	
Died at		Date of death 1908		Month Nov		Day 21	
Age 46		Years 46		Months —		Days —	
Sex Male		Color or Race White		Birth- place Ireland			
Occupation Iron moulder		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife Kate McCormick					
Father's Name Thos. McCormick		Father's Birthplace Ireland					
Mother's Maiden Name Mary Doris		Mother's Birthplace Ireland					
Name of person giving Information Kate McCormick		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever		How long 3 WEEKS	
Immediate Heart Failure		How long Immediate	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Thos. B. Horton M.D.	
		Address So. Balto. Md.	

Accident or Suicide



Name
in
Full

George C. Mallonee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

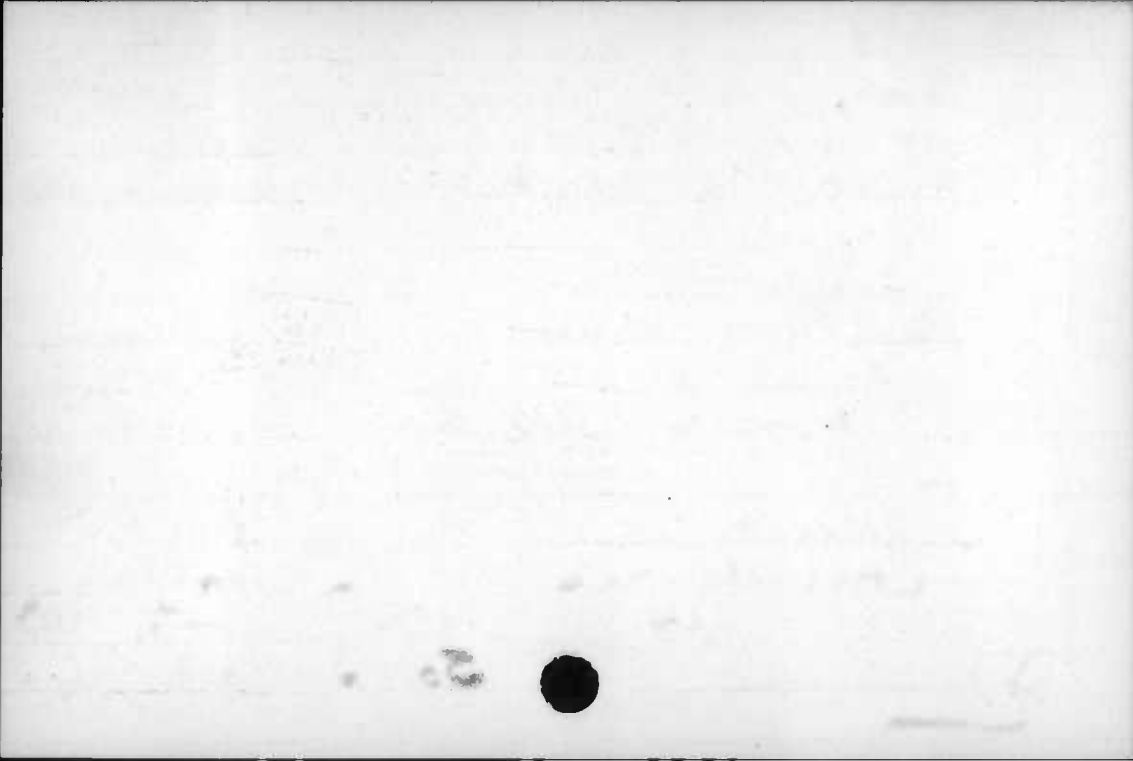
Died at <i>So. Balto</i>		County <i>a. a.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>25</i>	Age <i>1</i>	Months <i>3</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>So. Balto, Md</i>	
Occupation <i>-</i>			Where Residing If not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>Cyrus V. Mallonee</i>			Father's Birthplace <i>Brooklyn, Md</i>		
Mother's Maiden Name <i>Catherine Hickey</i>			Mother's Birthplace <i>Balto, Md</i>		
Name of person giving information <i>Catherine Mallonee</i>			How related to deceased <i>Mother.</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>4 days</i>
Immediate <i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. B. Foster M.D.</i>
	Address <i>So. Balto, Md.</i>



Name
in
Full

Mary Catherine Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tracy's Landing</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1908	Month	Nov.	Day	2
Age	2	Years	2	Months	10
Sex	Female	Color or Race	White	Birth-place	Baltimore, Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Hugh M. D. Martin			Father's Birthplace	Virginia
Mother's Maiden Name	Emma Healy			Mother's Birthplace	Virginia
Name of person giving Information	Hugh M. D. Martin			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malarial Fever</i>	How long	<i>2 days</i>
Immediate	<i>Convulsions</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. H. Parrie</i>
<i>D</i>		Address	<i>McKendree, Md.</i>
Accident or Suicide			



Name
in
Full

Elmer Lee Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

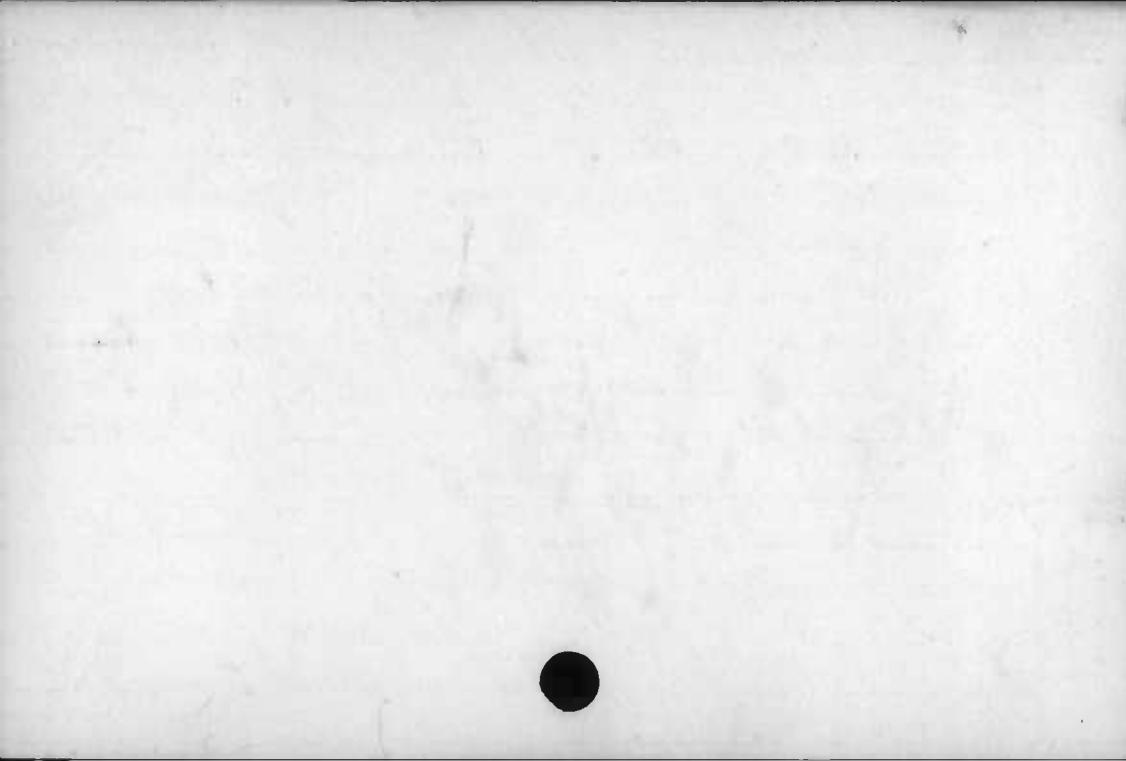
Died at <i>Eastport</i> <small>Town</small>		<i>a a</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>Nov</i> <small>Day</small>	<i>18</i> <small>Age</small>	<i>—</i> <small>Years</small>	<i>6</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Eastport</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>Walter G. Mutch</i>			Father's Birthplace	<i>Annapolis</i>
Mother's Maiden Name	<i>Ernest G. Finkle</i>			Mother's Birthplace	<i>Annapolis</i>
Name of person giving information	<i>Walter G. Mutch</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis - Pneumonia</i>	How long	<i>one week</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Louis B. Hensel</i>
		Address	<i>Annapolis, Md.</i>
Accident or Suicide?	<i>Neither</i>		



Name
in
Full

Cordelia Mullen

CERTIFICATE OF DEATH

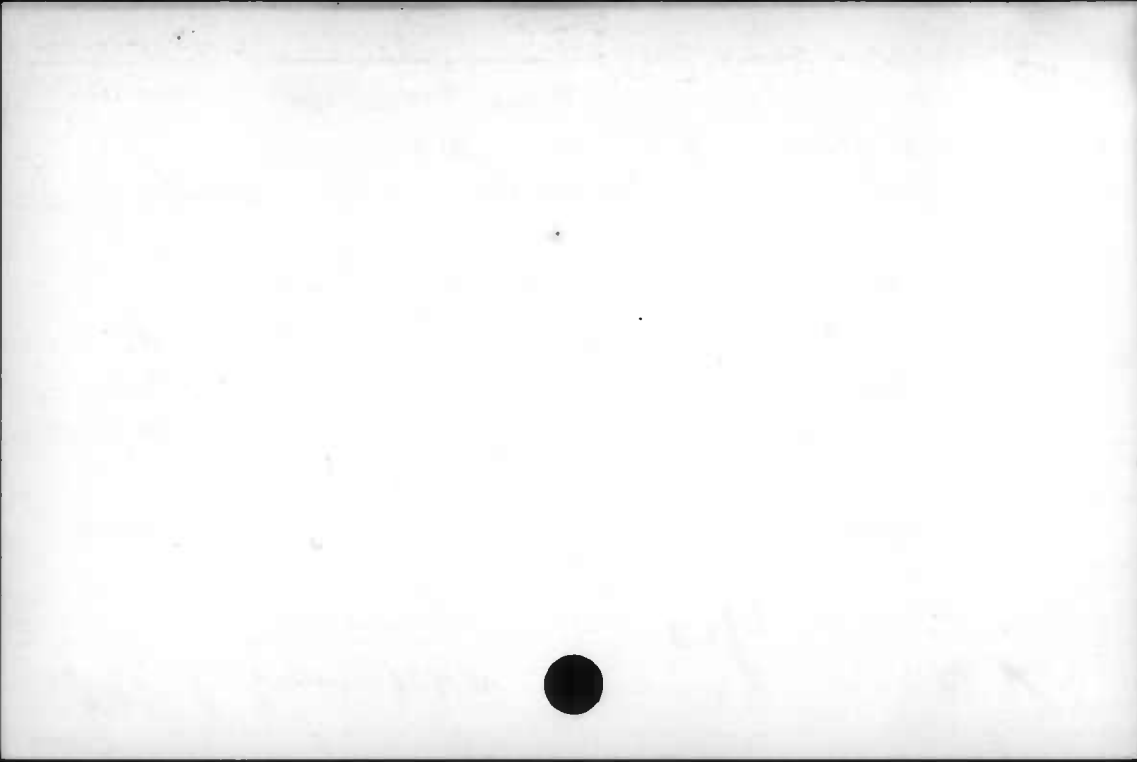
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Head of Rock Creek</i>		Town <i>Arundel</i>		County <i>MD</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>Nov.</i>	Day <i>18</i>	Years <i>17</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co</i>			
Occupation <i>Housewife</i>				Where Reading if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James A. Mullen</i>					
Father's Name <i>Garrison Green</i>		Father's Birthplace <i>A.A. Co.</i>					
Mother's Maiden Name <i>Mary Cromwell</i>		Mother's Birthplace <i>A.A. Co.</i>					
Name of person giving Information <i>James Mullen</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

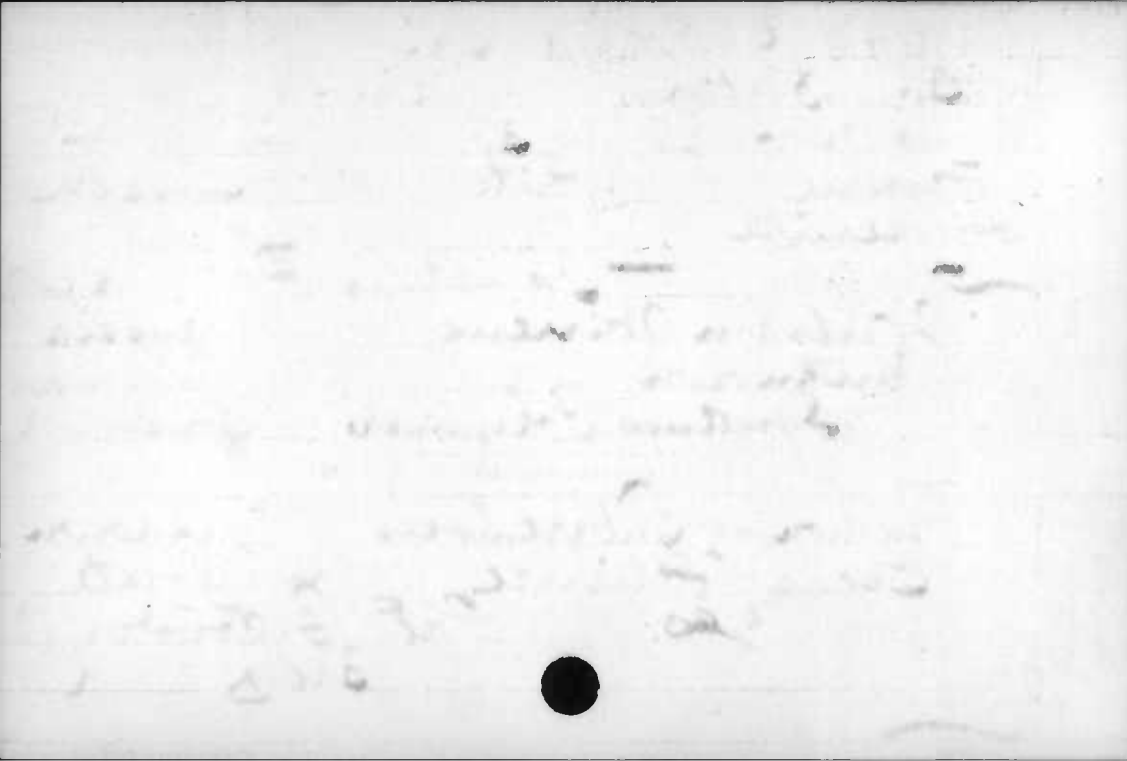
Primary <i>Typhoid Fever</i>	How long <i>Two weeks</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Beellinger</i>
Accident or Suicide <i>No</i>	Address <i>Armiger</i>



Name in Full		Certificate of Death			
Oliver Perry		County		MARYLAND	
Died at		Town		State	
Nuttall		Anne Arundel		Maryland	
Date of death		Month	Day	Years	Months
1908		Nov	9	68	
Sex		Color or Race		Birth-place	
Male		White		Md.	
Occupation		Where Residing if not at place of death			
Farmer					
Married, Single or Widowed		Name of Wife or Husband			
Married		Sallie Perry			
Father's Name		Father's Birthplace		Mother's Birthplace	
Robert Perry		Md.		Md.	
Mother's Maiden Name		How related to deceased			
Rachael Atwell		Wife			
Name of person giving information					
Sallie Perry					
CAUSES OF DEATH					
Primary		How long			
Nephritis		3 years			
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		A. V. Perrie			
D		Address			
		McKendree, Md.			
Accident or Suicide?					



Name in Full		Maggie Polyanski				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town So. Balto.		County a.a.		MARYLAND	
	Date of death	1908	Month Nov	Day 26	Age 30	Years —	Months —
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		—	
	Married, Yes	Name of Husband		Ignatius Polyanski			
	Father's Name	William Wihens		Father's Birthplace	Russia		
	Mother's Maiden Name	Unknown		Mother's Birthplace	Russia		
Name of person giving information	Ignatius Polyanski		How related to deceased	Husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis			How long	Unknown	
	Immediate	Heart Failure			How long	Immediate	
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			J. H. B. Fortson M.D.			
Address			So. Balto, Md				
<input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide?							



Name
in
Full

William Thomas Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

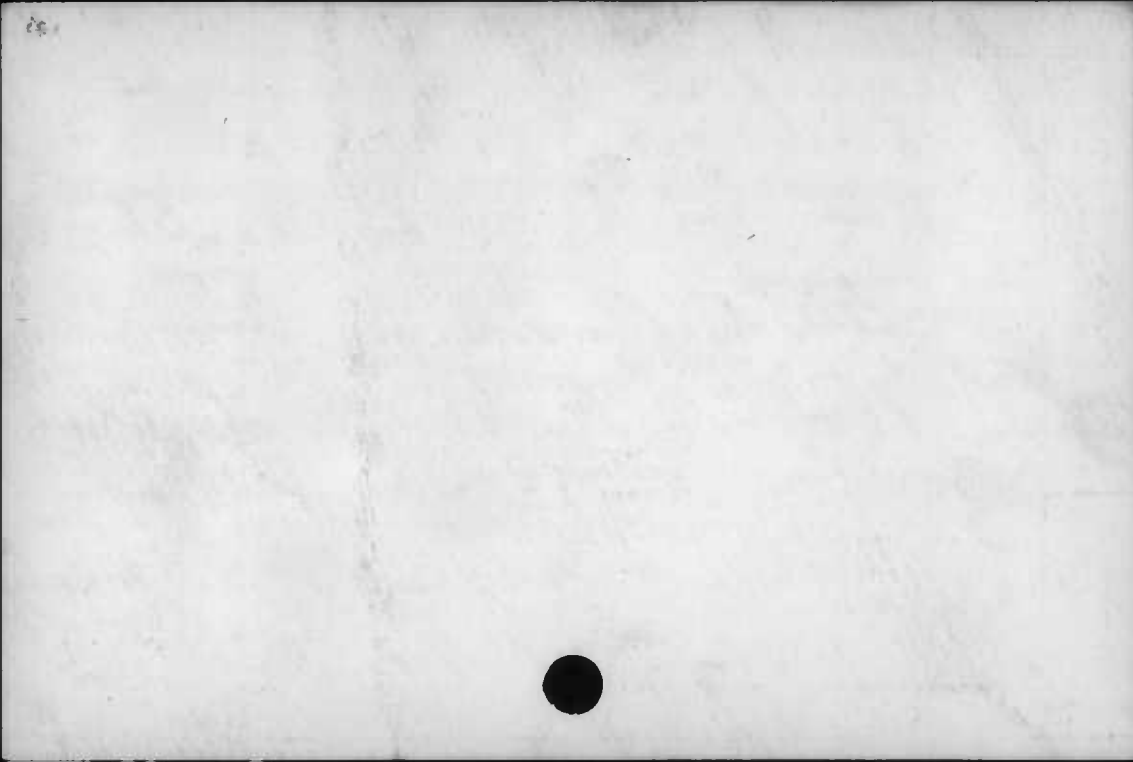
Died at <i>annapolis md.</i>		County <i>a a co</i>		MARYLAND	
Date of death	1908	Month	Nov	Day	5
Age	Years		Months		Days
Sex	<i>male</i>		Color or Race	<i>Colored</i>	
Occupation	—		Birth-place	<i>annapolis md.</i>	
Where Residing if not at place of death			<i>135-ave at</i>		
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband	—	
Father's Name	<i>William T. Green</i>			Father's Birthplace	<i>annapolis md.</i>
Mother's Maiden Name	<i>Esther Green</i>			Mother's Birthplace	<i>annapolis md.</i>
Name of person giving information	<i>William Green</i>			How related to deceased	<i>Father.</i>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>		How long	<i>Since Birth</i>
Immediate	<i>Exhaustion</i>		How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>John Ridout</i>	
<i>Yes</i>		Address	<i>Annapolis Md</i>	
Accident or Suicide?				



Name
in
Full

Hellen Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

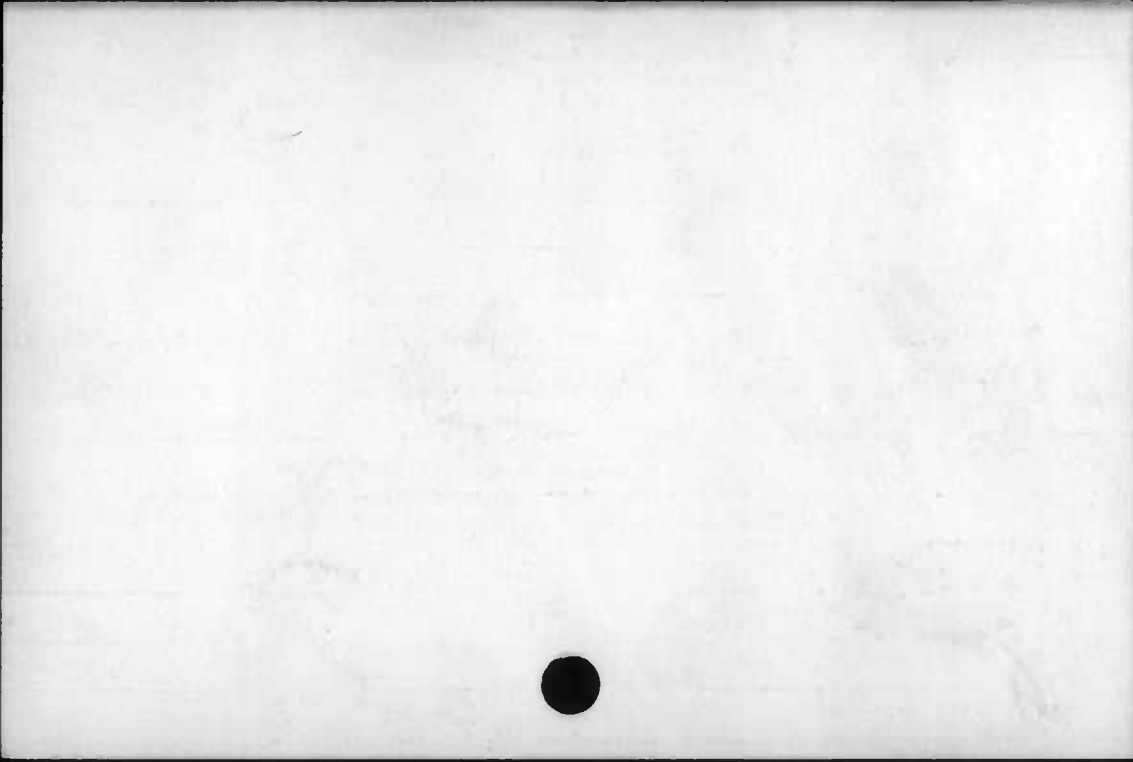
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Nov	28	Age	1	8	
Sex	Female		Color or Race	Colored		Birth-place	Annapolis
Occupation				Where Residing if not at place of death			
			60 Clay St.				
Married, Single or Widowed		Name of Wife or Husband					
Infant							
Father's Name		Water C. Ross				Father's Birthplace	
						Annapolis	
Mother's Maiden Name		Nancy L. Ross				Mother's Birthplace	
Name of person giving information		Water C. Ross				How related to deceased	
						Father	

CAUSES OF DEATH

(90)

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	3 days
Immediate	convulsion		How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		ye	Signature of Physician	
			P. P. Nease	
			Address	
			Annapolis	
			60 Clay St.	
Accident or Suicide?		no		



Name
in
Full

Charles Carroll Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis ^{County} Anne Arundel MARYLAND

Date of death 1908 ^{Month} Nov. ^{Day} 27 ^{Age} 12 ^{Years} ^{Months} ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Annapolis Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single ^{Name of Wife or Husband} _____

Father's Name George W. Russell ^{Father's Birthplace} Annapolis Md

Mother's Maiden Name Clara C. Tydings ^{Mother's Birthplace} Annapolis Md

Name of person giving information Clara C. Russell ^{How related to deceased} Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis ^{How long} Two months

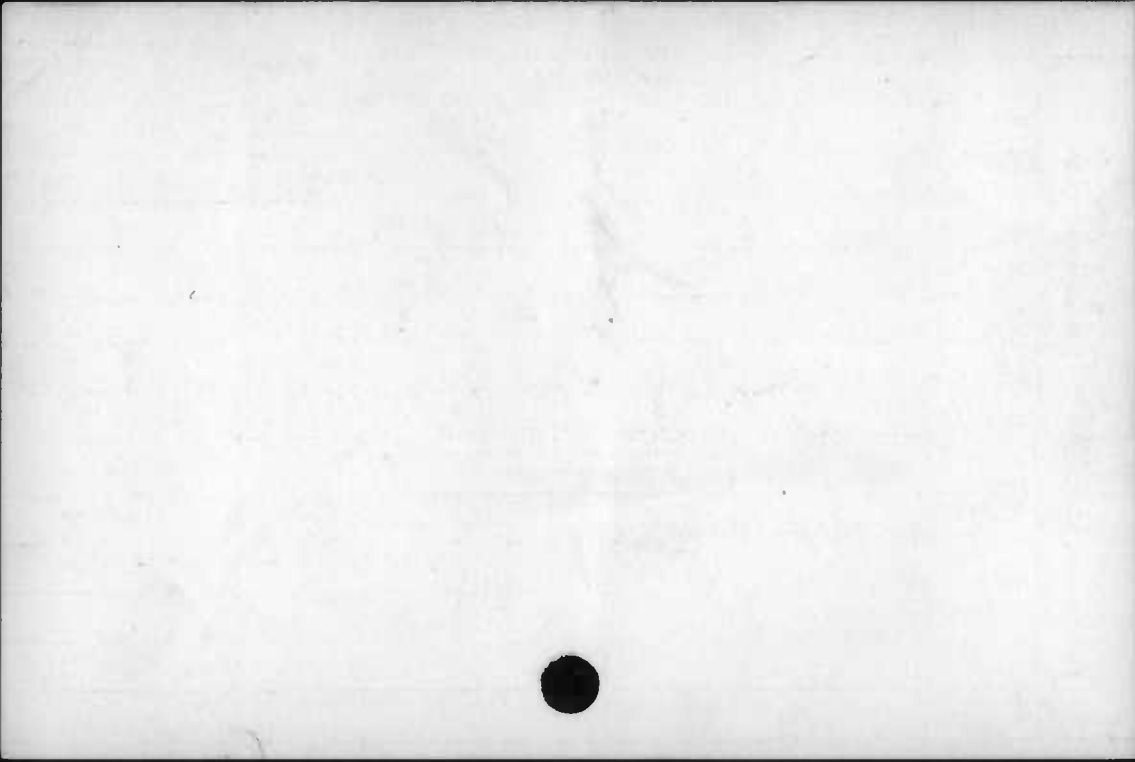
Immediate Exhaustion ^{How long} Three days

Are the name, age, sex, color, date and place correctly given above? yes

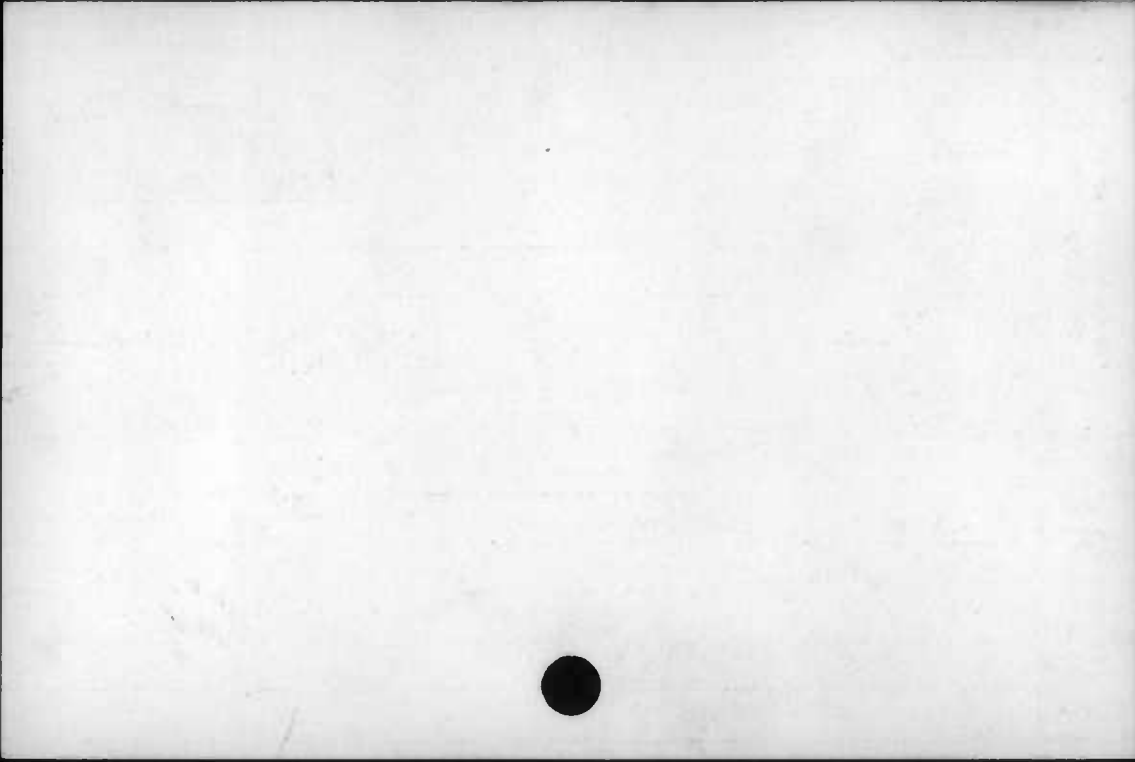
Signature of Physician Geo. Wells

Address Annapolis, Maryland

Accident or Suicide? no



Name in Full		Lottie Sands				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis		County Anne Arundel		MARYLAND	
	Date of death	1908	Month Nov.	Day 3	Age Years	Months 2	Days 20
	Sex	Female		Color or Race	White		Birth-place
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name	Andrew D Sands				Father's Birthplace	Annapolis
	Mother's Maiden Name	Bertha Hermann				Mother's Birthplace	Germany
Name of person giving information	Andrew D Sands				How related to deceased	Father	
<div>CAUSES OF DEATH</div> <div>105</div>							
PHYSICIAN OR CORONER	Primary	Gastro Enteritis				How long	Three weeks
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. M. S. Welch
						Address	Annapolis
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Sappington
Died at *near Denton* Town *Anne Arundel* County
Date of death *1908* Month *Mar.* Day *2* Age *86* Years Months Days
Sex *Female* Color or Race *White* Birth-place *Ind*
Occupation *Housekeeping* Where Residing if not at place of death
~~Married, Single or Widowed~~ Name of Wife or Husband
Father's Name *Augustus Sappington* Father's Birthplace *A. A. Co Md*
Mother's Maiden Name *Juliet Sewell* Mother's Birthplace *A. A. Co Md*
Name of person giving Information *Miss Annie Beel* How related to deceased *None*

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

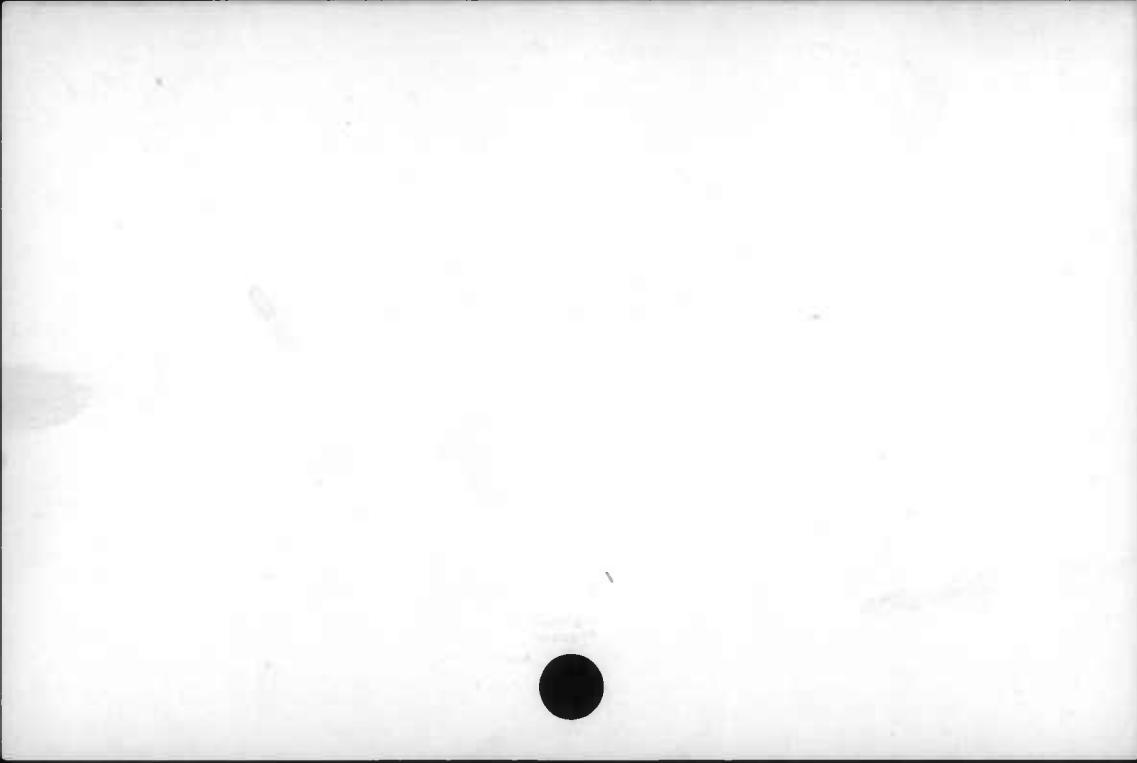
Primary *Blood Poison* How long *10 days*
Immediate *affection of Brain* How long
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Saml. H. Andersen
Woodwardville
Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

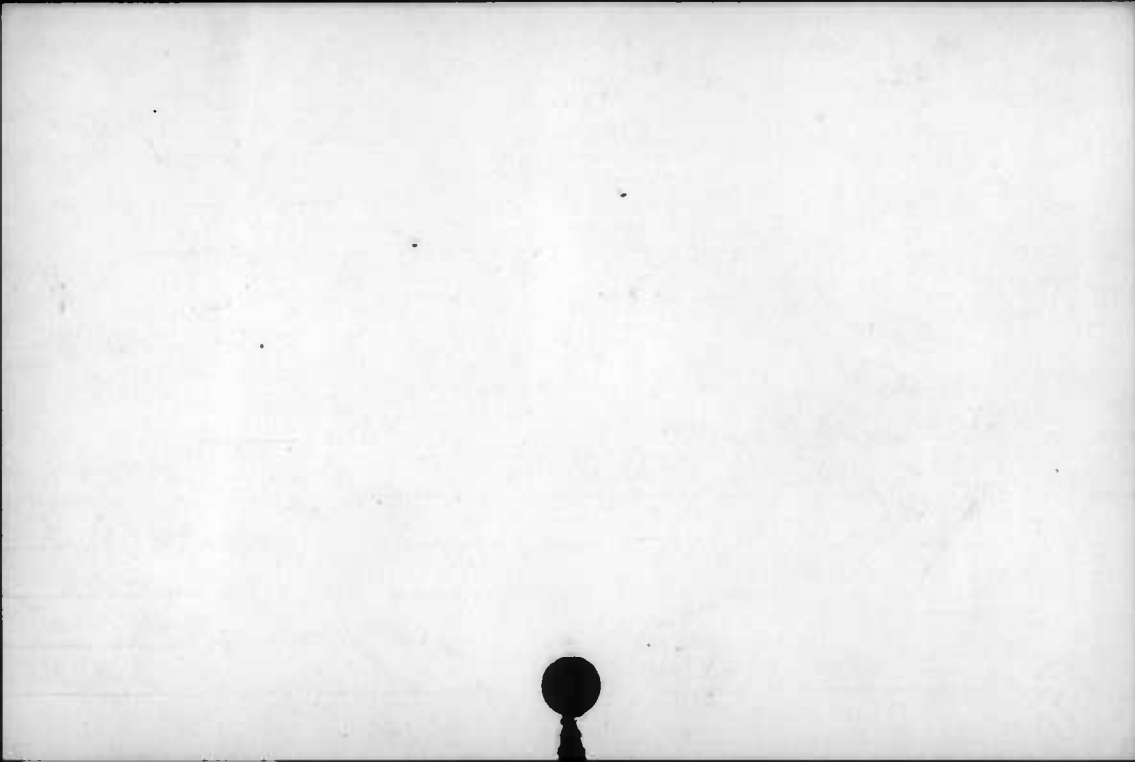
Died at		Ann ^{ap} olis A. A		County		MARYLAND	
Date of death	1908	Month	Nov	Day	9 th	Age	75
						Years	Months
							Days
Sex	Male		Color or Race	White		Birth-place	Honover, Ger.
Occupation	Steam Fitter			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Caroline Bohr			
Father's Name	Theodor Schwallenberg				Father's Birthplace	Germany	
Mother's Maiden Name	Anna Maria Schulte Fardndorf				Mother's Birthplace	Germany	
Name of person giving information	John. M. Schwallenberg				How related to deceased	Son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	Sudden
Immediate	Paralysis	How long	3 wks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. B. Hephum	
No		Address	
		Annapolis	
Accident or Suicide?		Ind.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

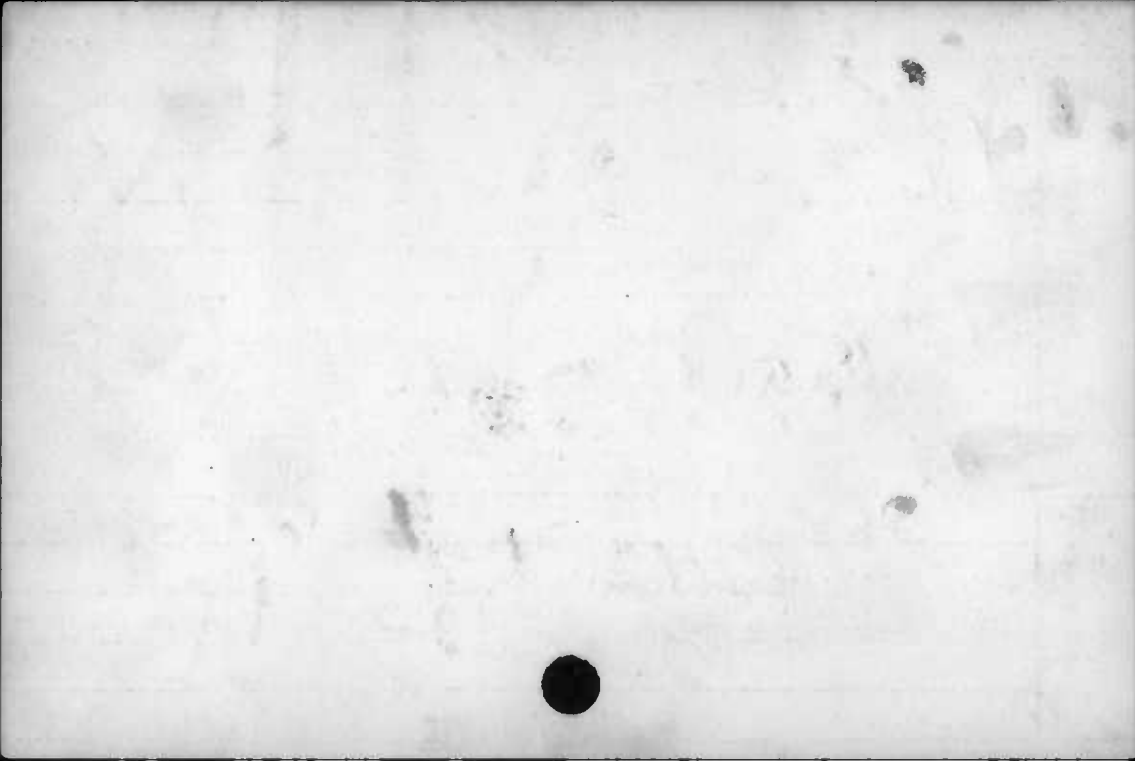
Name in Full <i>Daniel L. Sherbert</i>		Town <i>Germanstown</i>		County <i>Ad</i>		MAYLAND	
Died at <i>Germanstown</i>		Month <i>Nov</i>		Day <i>2nd</i>		Years <i>1908</i>	
Date of death <i>1908 Nov 2nd</i>		Age <i>44</i>		Months <i>14</i>		Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ad Co</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John W. Sherbert</i>		Father's Birthplace <i>Ad Co.</i>					
Mother's Maiden Name <i>Matilda Burke</i>		Mother's Birthplace <i>Ad Co.</i>					
Name of person giving information <i>Mother</i>		How related to deceased					

CAUSES OF DEATH

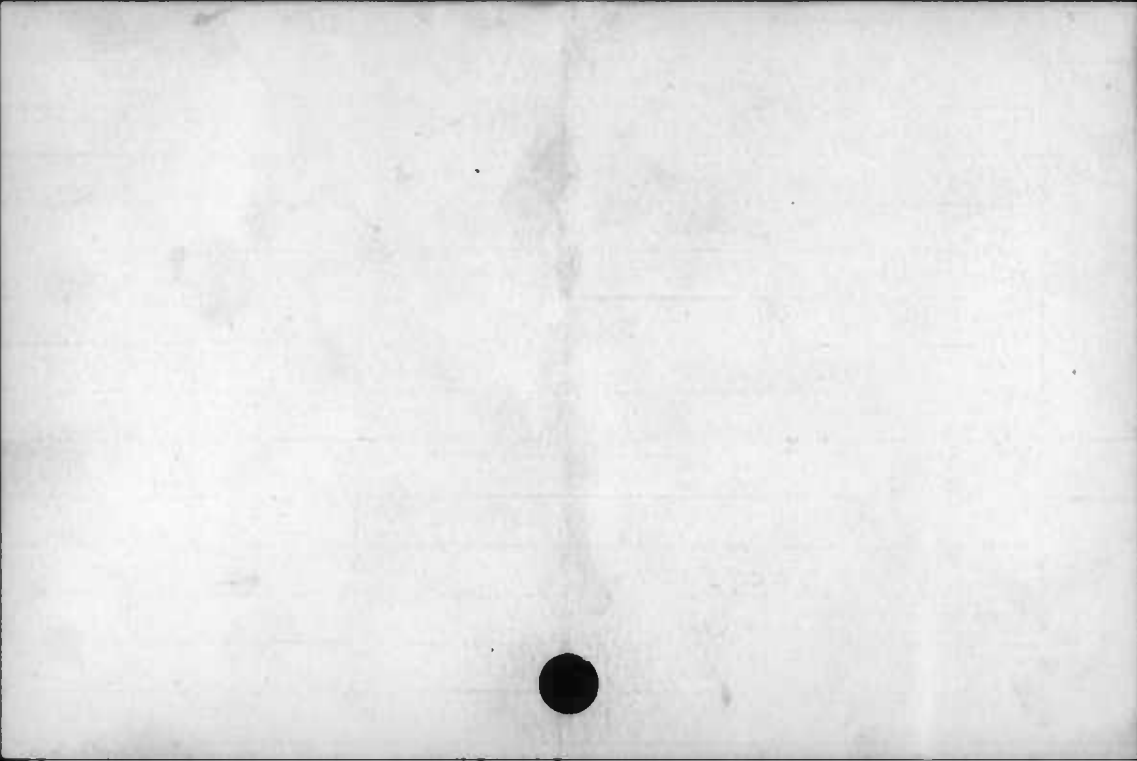
151

PHYSICIAN
OR CORONER

Primary <i>Mania from</i>	How long <i>Since Birth</i>
Immediate <i>Asthemia</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John R. Doy</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name In Full		Daisy Short				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Odenton		County Anne Arundel		MARYLAND
	Date of death		1908	Month November	Day 22nd	Age	Years —
					Months 4		Days —
	Sex Female		Color or Race Colored		Birth-place Odenton		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed Single		Name of Wife or Husband				
	Father's Name Robert Short.		Father's Birthplace Maryland				
Mother's Maiden Name Jenny Smith		Mother's Birthplace Ido					
Name of person giving information Robert Short		How related to deceased father.					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Bronch. Pneumonia			How long 3 days	
	Immediate		Exhaustion			How long 6 hours	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Q. W. McNewman		
					Address Odenton Md		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Shulby</i>		Town <i>dist.</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>2nd</i>		Month <i>Nov.</i>		Day <i>15</i>		Age <i>50</i>	
Date of death <i>1908</i>		Month <i>Nov.</i>		Day <i>15</i>		Age <i>50</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bavaria, Ger.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name <i>Unknown</i>				Father's Birthplace —			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace —			
Name of person giving information <i>John Muehlmeister</i>				How related to deceased <i>bro. Relation</i>			

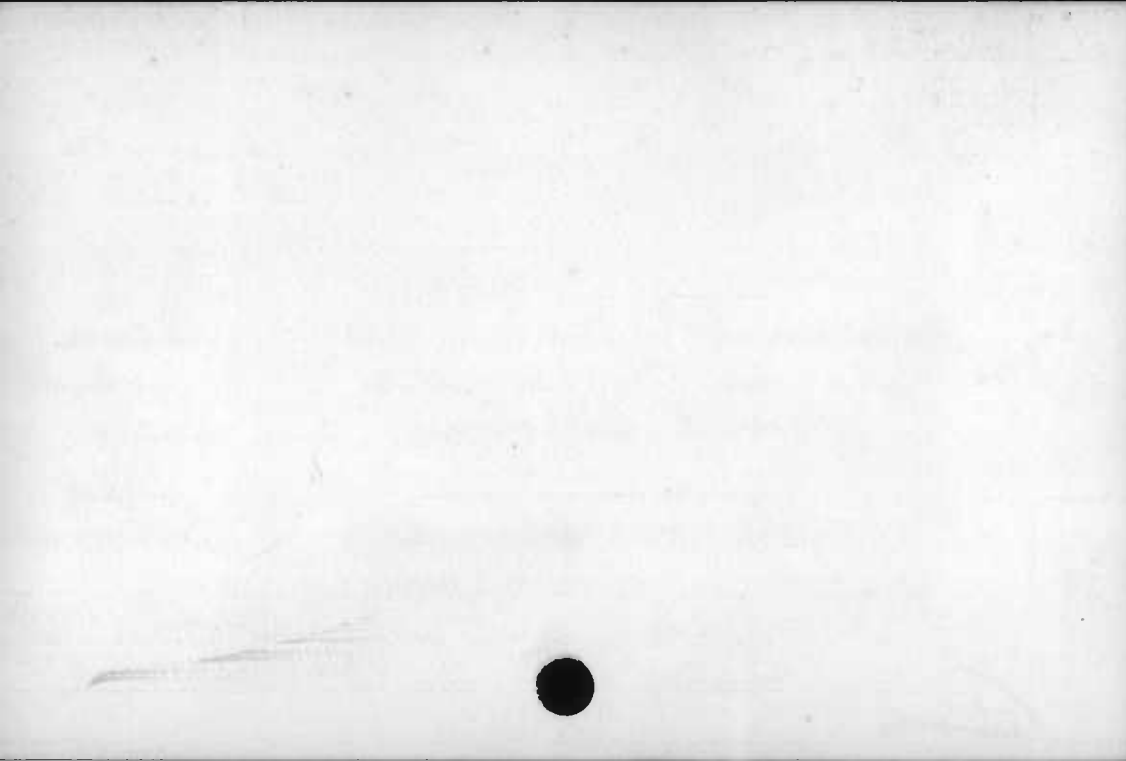
(man had been drinking.)

CAUSES OF DEATH

170

PHYSICIAN
OR CORONER

Primary <i>Issue (Cold and Ex)</i>		How long <i>12 hrs</i>	
Immediate <i>Issue: wandered about in woods</i>		How long <i>7 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>for several days.</i>		Signature of Physician <i>J. D. Kemp</i>	
Address <i>for several days.</i>		Address <i>for several days.</i>	
Accident or Suicide? —			



Name
in
Full

Veronica Skodis

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

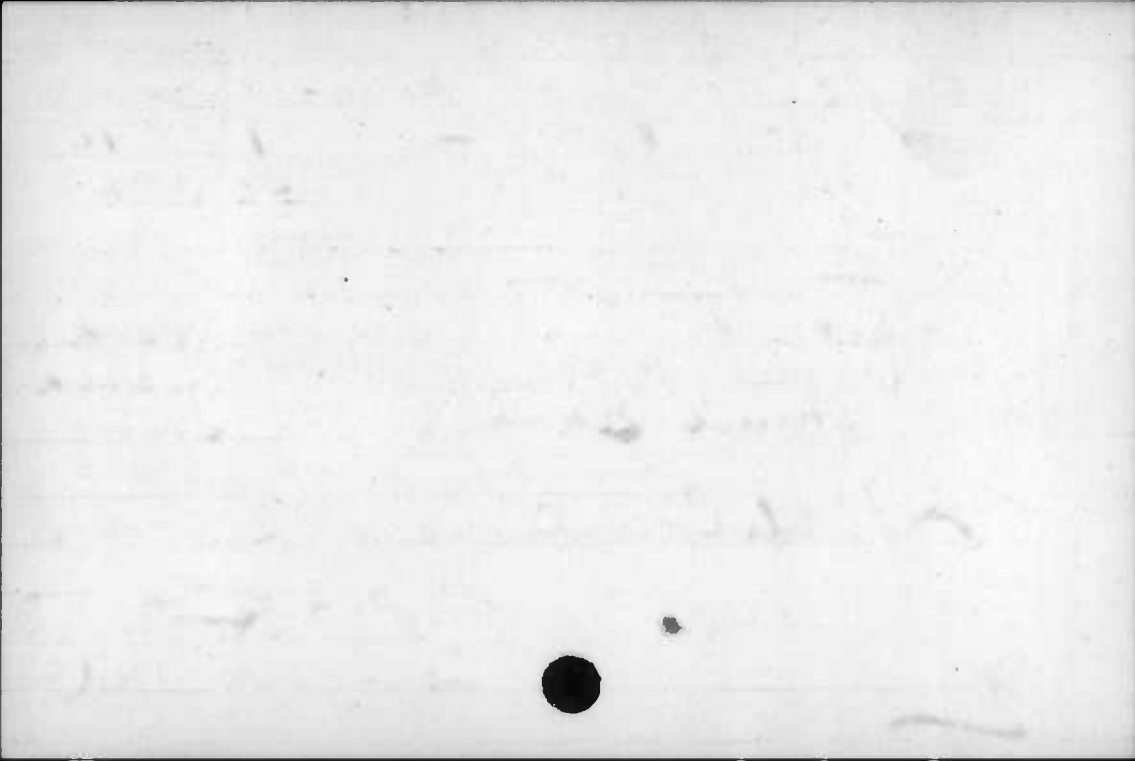
Died at <u>So. Batts -</u> ^{Town}		<u>a. a.</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	<u>Nov</u> ^{Month}	<u>18</u> ^{Day}	<u>—</u> ^{Years}	<u>1</u> ^{Months}
Sex	<u>Female</u>		Color or Race	<u>white</u>	
Occupation	<u>—</u>		Birth-place	<u>So. Batts, Md</u>	
Where Residing if not at place of death			<u>—</u>		
Married, Single or Widowed		Name of Wife or Husband			
<u>—</u>		<u>—</u>			
Father's Name	<u>Joseph Skodis</u>			Father's Birthplace	<u>Russia</u>
Mother's Maiden Name	<u>Carrie Kazemera</u>			Mother's Birthplace	<u>Russia</u>
Name of person giving information	<u>Annie Skodis</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<u>Infantile Convulsions</u>		How long	<u>2 hours</u>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		
Signature of Physician		<u>Theo. B. Horton MD</u>		
Address		<u>So. Batts, Md.</u>		
				
				
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

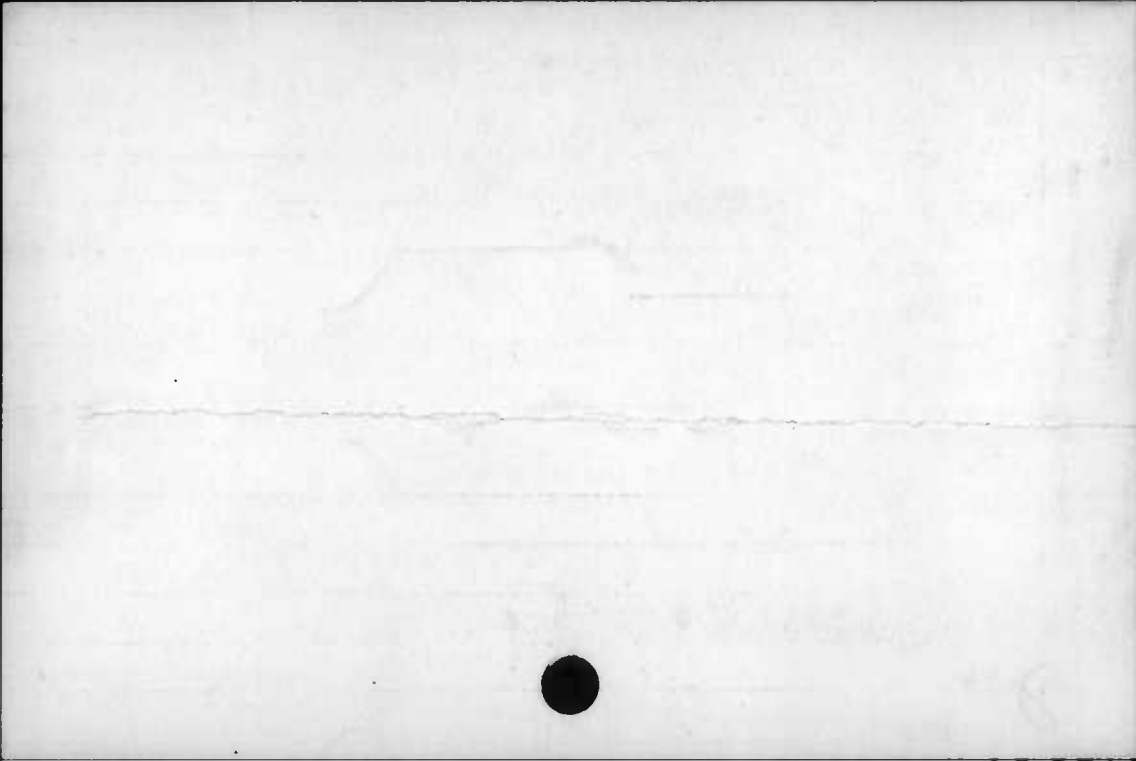
Name in Full <i>Charles Smith</i>		Town <i>Jessup</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Jessup</i>		Date of death 19 <i>58</i>		Age <i>30</i>		Months <i>-</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>Urban</i>		Days <i>-</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>at Home Corredin</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Urban</i>					
Father's Name <i>Urban</i>		Father's Birthplace <i>Urban</i>					
Mother's Maiden Name <i>Urban</i>		Mother's Birthplace <i>Urban</i>					
Name of person giving information <i>J. H. Pyerly</i>		How related to deceased <i>not at all</i>					

CAUSES OF DEATH

(67)

PHYSICIAN
OR CORONER

Primary <i>Infantile</i>	How long <i>Urban</i>
Immediate <i>Pneumonia</i>	How long <i>Urban</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Pyerly</i>
Accident or Suicide? <i>no</i>	Address <i>Sauval md</i>



Name
in
Full

Mason A Stallings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brooklyn		County Anne		MARYLAND	
Date of death		1908	Month 11	Day 1	Age 37	Years 37	Months 10
Sex Male		Color or Race White		Birth-place Md		Days 22	
Occupation Painter				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Mary Stallings		Father's Name Jas M Stallings		Father's Birthplace Md	
Mother's Maiden Name Mary P Ward		Mother's Birthplace Md		How related to deceased Father			
Name of person giving information Jas M Stallings							

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	30 days
Immediate	Heart Failure	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Charles Brooke	
Address		Brooklyn Md	
Accident or Suicide?			



Name
in
Full

Andrew Strobel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

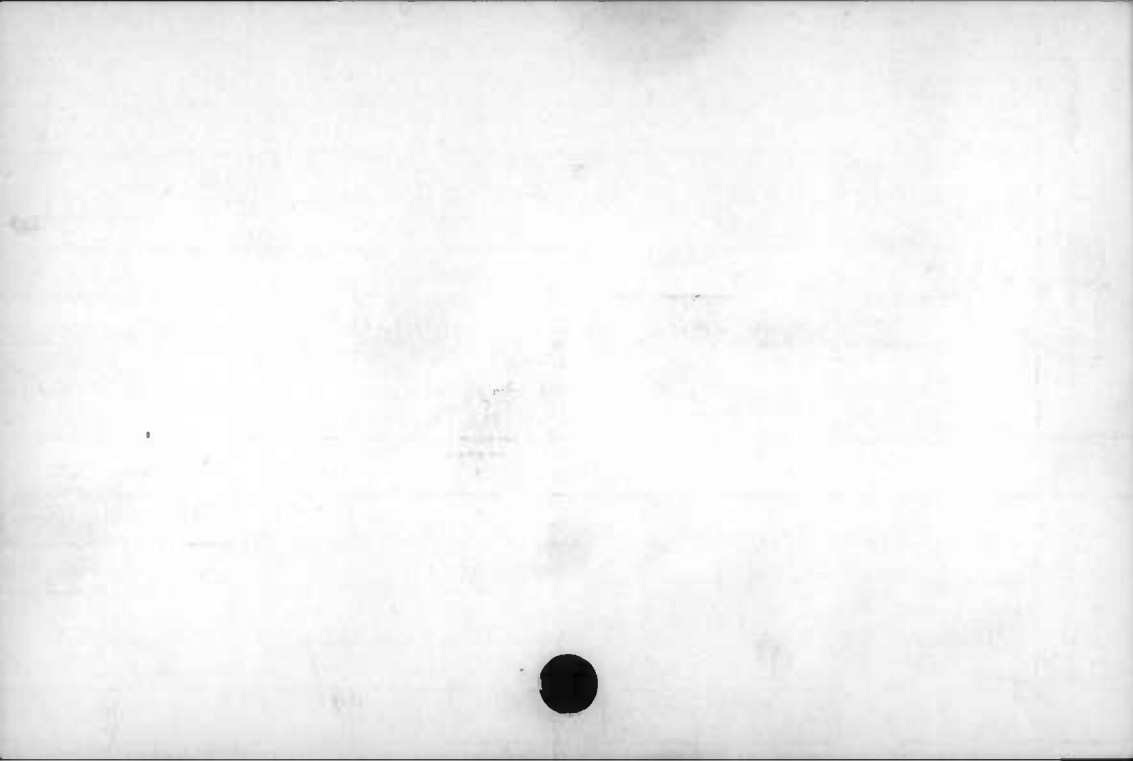
Died at <u>Brooklyn</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>11</u>	Day <u>27</u>	Age <u>54</u>	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Ill.</u>		
Occupation <u>Wagon Driver</u>		Where Residing if not at place of death <u>Baltimore</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>- don't know</u>				
Father's Name <u>don't know</u>			Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>" " "</u>			Mother's Birthplace <u>unknown</u>		
Name of person giving information <u>George Wempe</u>			How related to deceased <u>Friend</u>		

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<u>Run over by Wagon Trac. Sign</u>	How long
Immediate	<u>Accidental</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John P. Stetson Cor</u>
		Address <u>Brooklyn</u> <u>A A C Md</u>
Accident or Suicide?		



Name
in
Full

Isabella Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *West Annapolis* *A. A.* County

MARYLAND

Date of death *1908* Month *11* Day *8* Age *34* Months *—* Days *—*Sex *Female* Color or Race *Colored* Birth-place *Annapolis md*Occupation *Domestic* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Louis Taylor*Father's Name *Isaac Taylor* Father's Birthplace *Virginia*Mother's Maiden Name *Margaret Price* Mother's Birthplace *A. A. Co md*Name of person giving information *James Gantt* How related to deceased *Brother*

CAUSES OF DEATH

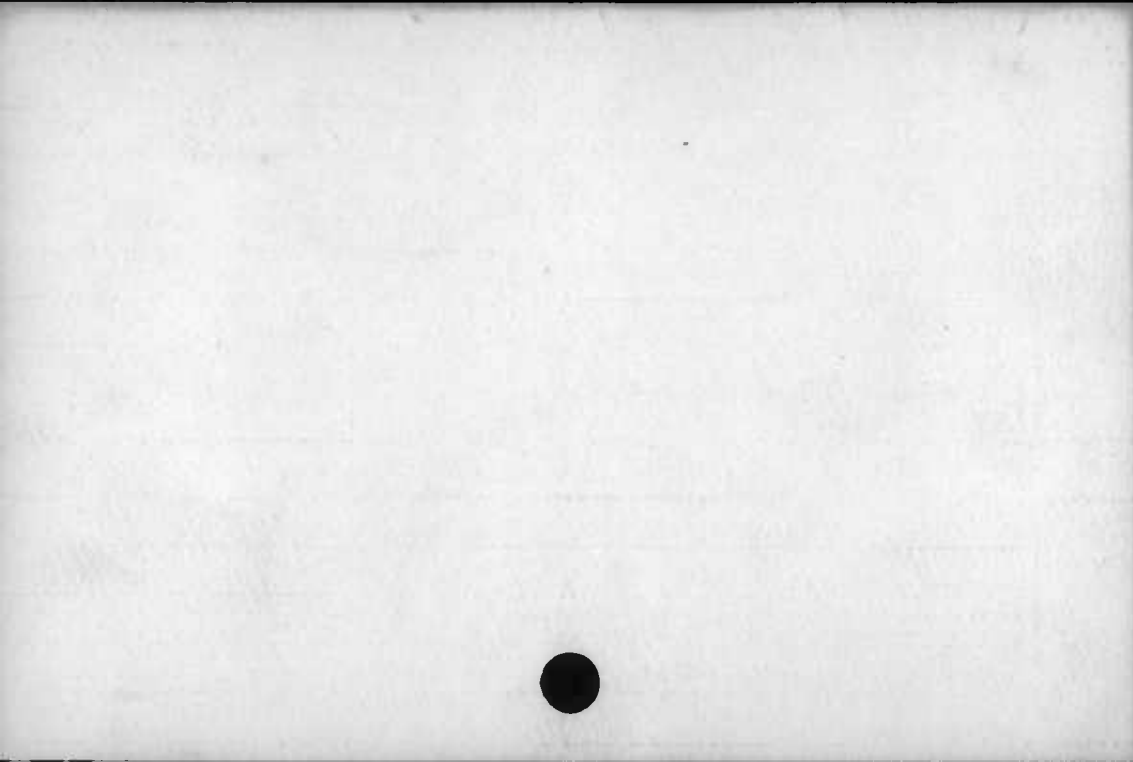
27

Primary *Pulmonary Tuberculosis* How long *Months*Immediate *Anemia* How long *Immediate*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Ambrose Garcia M.D.*

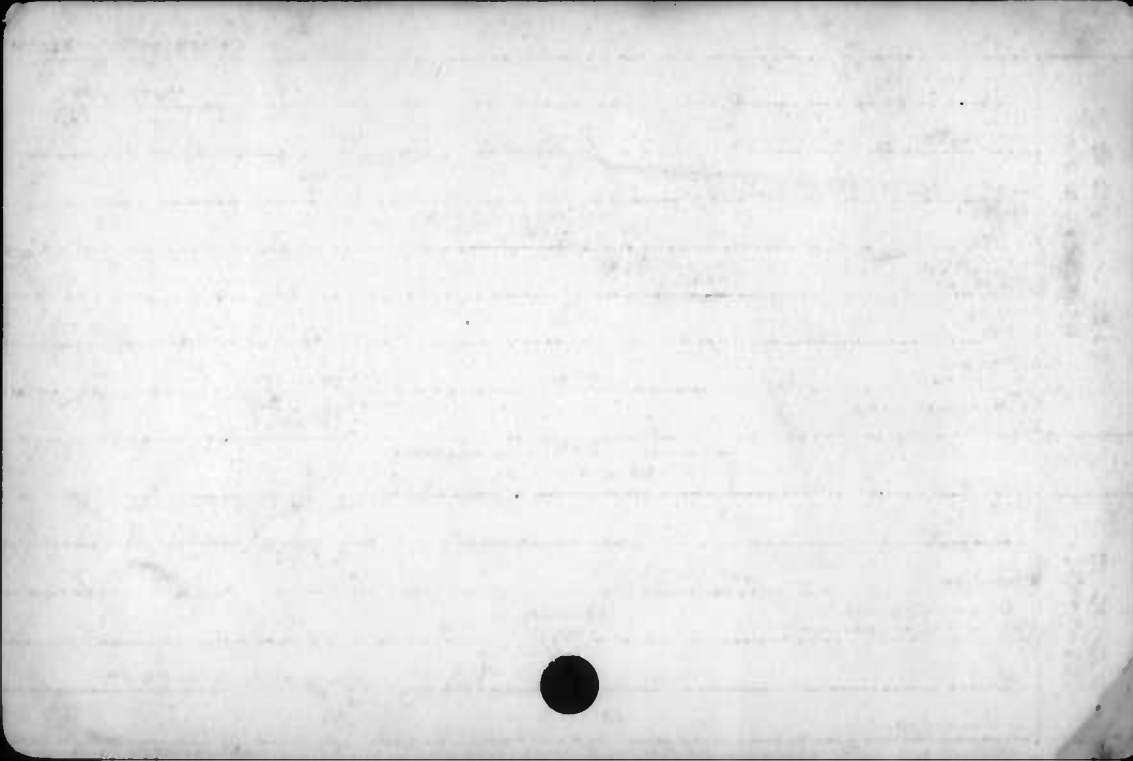
Address

*1264 Bay St
Annapolis md*

Accident or Suicide?



Name in Full <i>John W. Thomas</i>							CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Millersville</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND			
	Date of death <i>1908</i>	Month <i>11.</i>	Day <i>3</i>	Age <i>1.</i>	Months <i>1</i>	Days <i>—</i>		
	Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
	Occupation <i>infant</i>			Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband <i>None</i>					
	Father's Name <i>Joseph Thomas</i>			Father's Birthplace <i>Maryland</i>				
	Mother's Maiden Name <i>Mamie Green</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Mamie Green</i>			How related to deceased <i>mother</i>					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Natural Causes</i>			How long				
	Immediate <i>Tuberculosis Probable cause</i>			How long				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>E. D. Joyce</i>				
	<i>acting as Coroner</i>			Address <i>Washington D.C.</i>				
	Accident or Suicide?			<i>Millersville Md.</i>				



Name
in
Full

Mary Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Mar Shidsonville A. A. County MARYLAND
 Date of daath 1908 Nov. 10 Age 14
 Sex Female Color or Race Colored Birth-place Maryland
 Occupation _____ Where Residing if not at place of daath _____
 Marriad, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name Chas Thomas Father's Birthplace A. A. C.
 Mother's Maiden Name Georganna Snowden Mother's Birthplace A. A. C.
 Nama of parson giving Information John Snowden How related to deceased Uncle

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary Hydrocephalus

Immediate

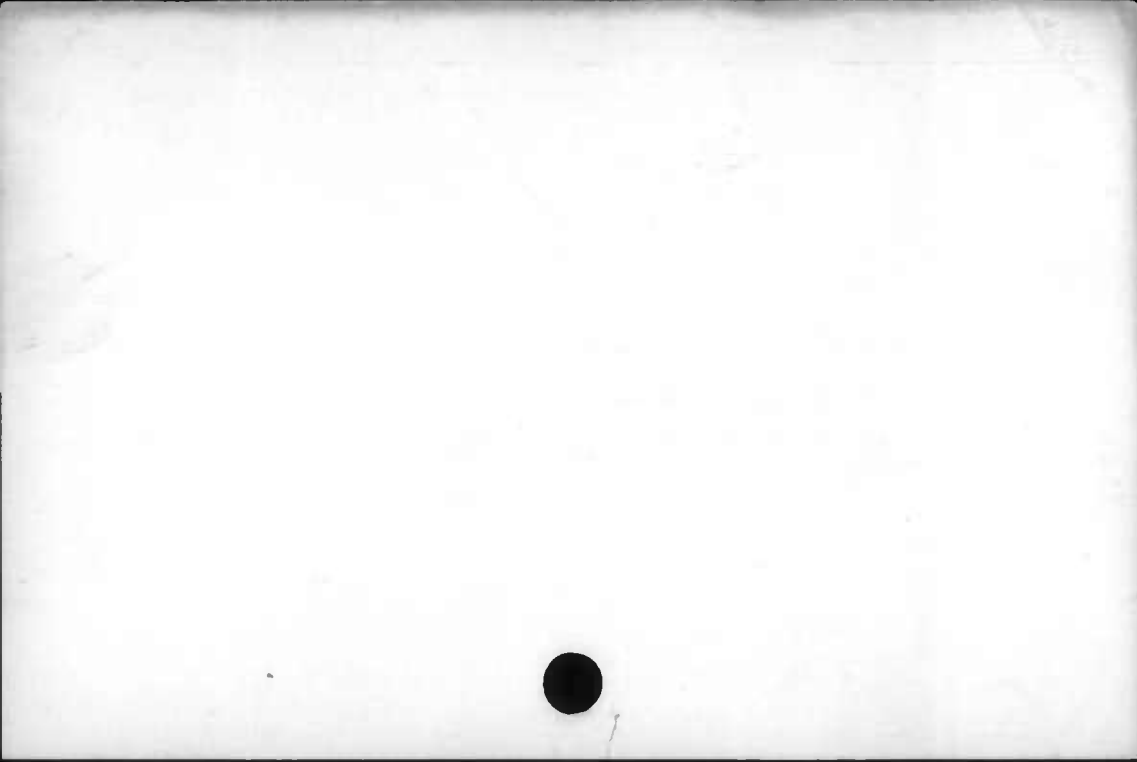
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. P. Davidson
Daronsville
MD

Accident or Suicide



Name
in
Full

William Tucker

CERTIFICATE OF DEATH

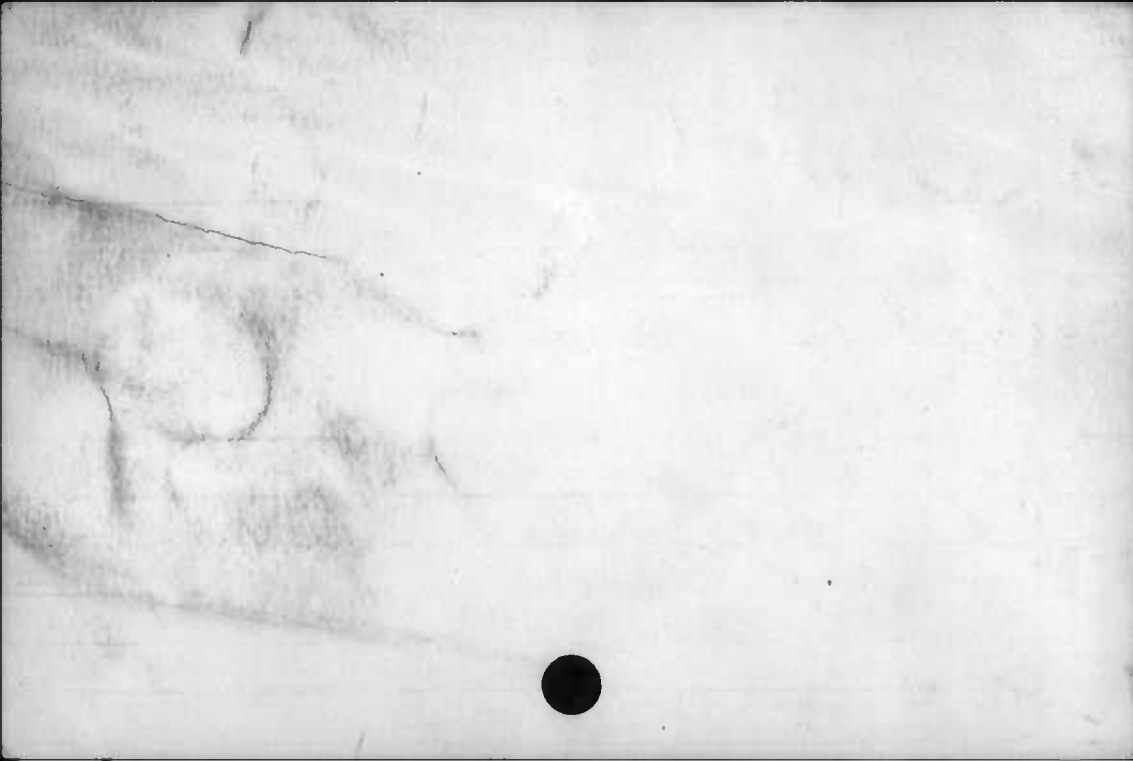
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Annapolis</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Nov</i>	Day	<i>26</i>
Age		<i>77</i>		Months	
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>A.A.Co. Md</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>37 Acton Lane</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Graston Tucker</i>		
Father's Name	<i>Thomas Tucker</i>		Father's Birthplace	<i>A.A.Co. Md</i>	
Mother's Maiden Name	<i>Graston Bailey</i>		Mother's Birthplace	<i>A.A.Co. Md</i>	
Name of person giving information	<i>Thomas Tucker</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>154</i>
Immediate	<i>Exhaustion</i>	How long	<i>Months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John Ridout, M.D.</i>	
Address		<i>Annapolis Md</i>	
Accident or Suicide?			



Name
in
Full

George Lindon Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

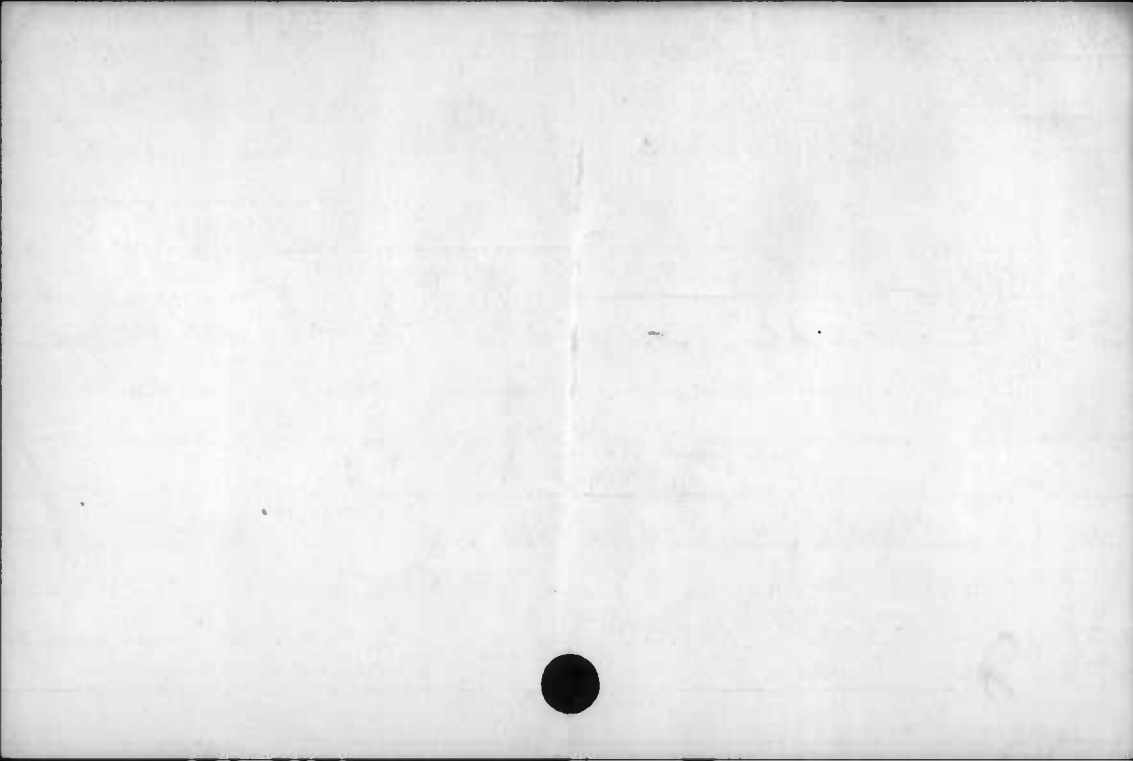
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Nov	19	1 yr			
Sex	male	Color or Race	Colored	Birth-place	Annapolis Md		
Occupation	Not any		Where Residing if not at place of death		168. Lincoln Place		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Charles Walker		Father's Birthplace		Annapolis Md		
Mother's Maiden Name	Rosana Hubert		Mother's Birthplace		St. Mary Co. Md		
Name of person giving information	Rosana Hubert		How related to deceased		mother		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Intestinal Catarrh	How long	2 weeks
Immediate	Exhaustion from diarrhea	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. K. Kupper
		Address	68 Cathedral St Annapolis Md
Accident or Suicide?	No		



Name
in
Full

Daniel Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Sally's

^{County} S. A.

Date of death 1908 Nov. 21

Age 80

Months — Days —

Sex Male

Color or Race Colored

Birth-place Va.

Occupation Laborer

Where Residing if not at place of death

Married, Single or Widowed Widower

Name of Wife or Husband Marietena Wallace

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information George Wallace

How related to deceased Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary General Debility

How long Unknown

Immediate Heart Failure

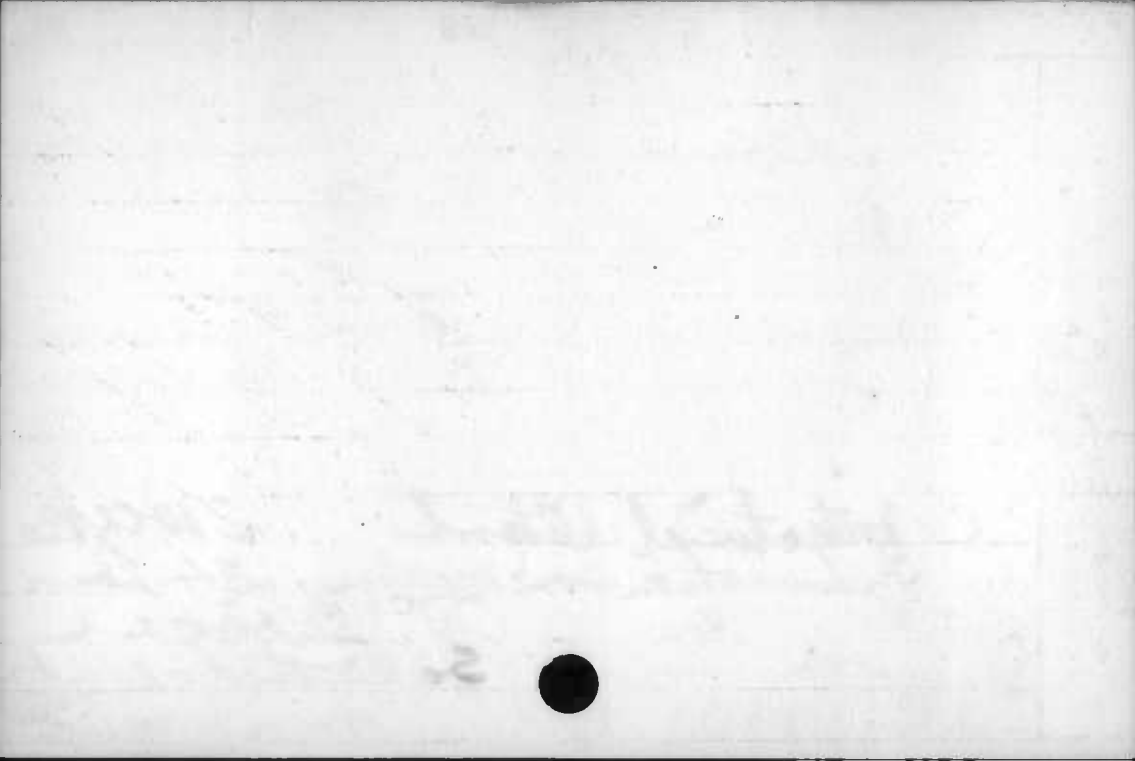
How long Immediate

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician J. B. Horton M.D.

Address S. Batts, Md.

Accident or Suicide



Name
in
Full

Elizabeth Ann Welsh

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Portland

County

A. A.

Date

of death 1908

Month

November

Day

11

Age

Years

88

Months

7

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Portland A. A. Co., Me.

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Lycurgus J. Welsh

Father's
Name

John Spear

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah Waters

Mother's
Birthplace

Maryland

Name of person giving
Information

Nora L. Justice

How related
to deceased

Grandchild

CAUSES OF DEATH

179

Primary

Heart failure

How long

1 day

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

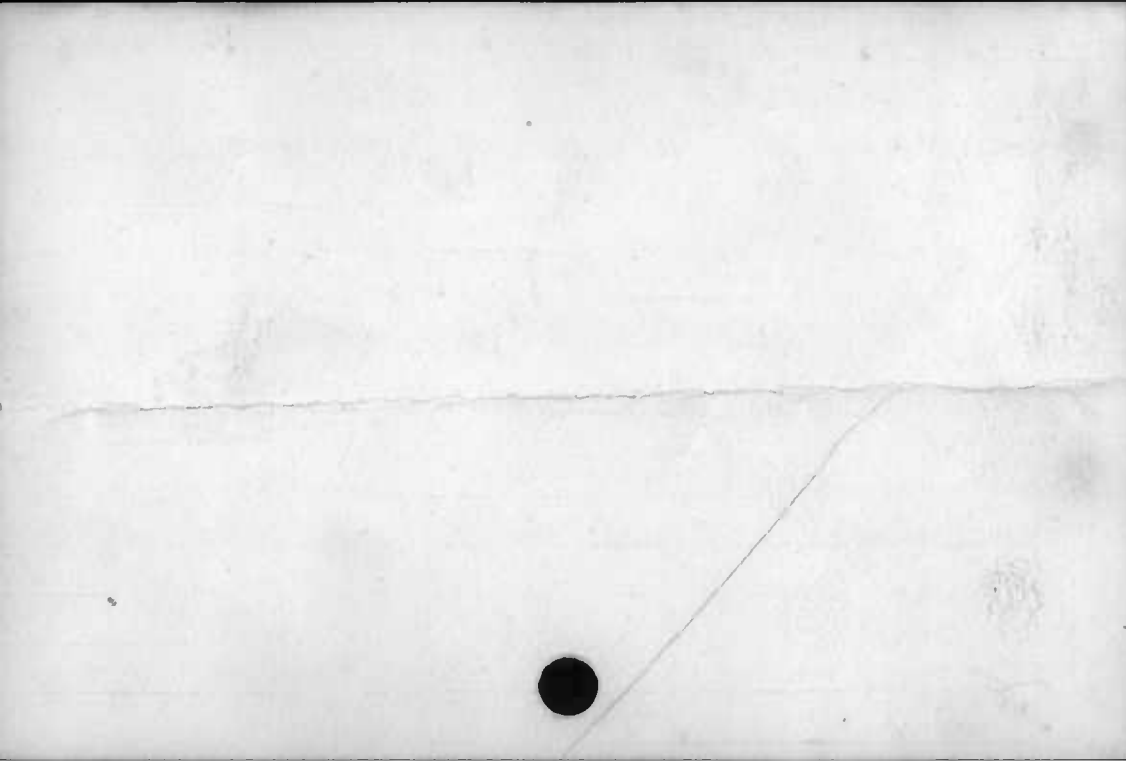
Signature of
Physician

Address

Dr. B. B. Jones
Savannah, Ga.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Wm. Elwood Milburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

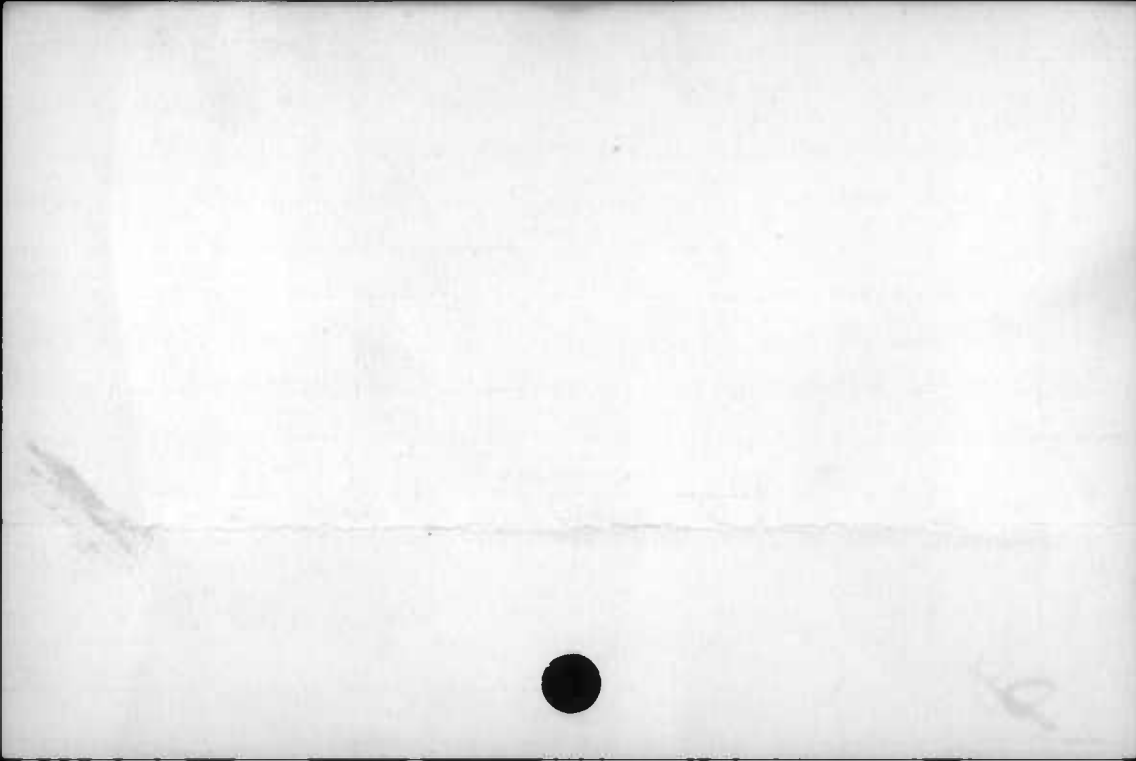
Died at <i>Millsville</i>		Town <i>Q. A.</i>		County <i>-</i>		STATE <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>27</i>	Age <i>-</i>	Years <i>-</i>	Months <i>one</i>	Days <i>24</i>	
Sex <i>Male</i>	Color or Race <i>W.</i>	Birth-place <i>Ind.</i>					
Occupation <i>none</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Erwin Milburn</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Florence Wigley</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Owen Wiebman</i>		How related to deceased <i>Half brother</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Intestinal catarrh</i>	How long <i>4 wks</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Gantt</i>
	Address <i>Millsville Ind.</i>
Accident or Suicide? <i>No</i>	



Name
is
Full

CERTIFICATE OF DEATH

Frank Williams

Died at East-Port Town

Anne Arundel County

MARYLAND

Date of death 1908 Nov.

Day 5

Age Years

Months 9

Days

Sex Male

Color or Race

White

Birth-place

East-Port Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

August Williams

Father's Birthplace

A.A. Co. Md.

Mother's Maiden Name

Ida B. Stewart

Mother's Birthplace

Dorchester Co. Md.

Name of person giving information

August Williams

How related to deceased

Father

CAUSES OF DEATH

92

Primary

Lobular Pneumonia

How long

3 days

Immediate

"

"

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

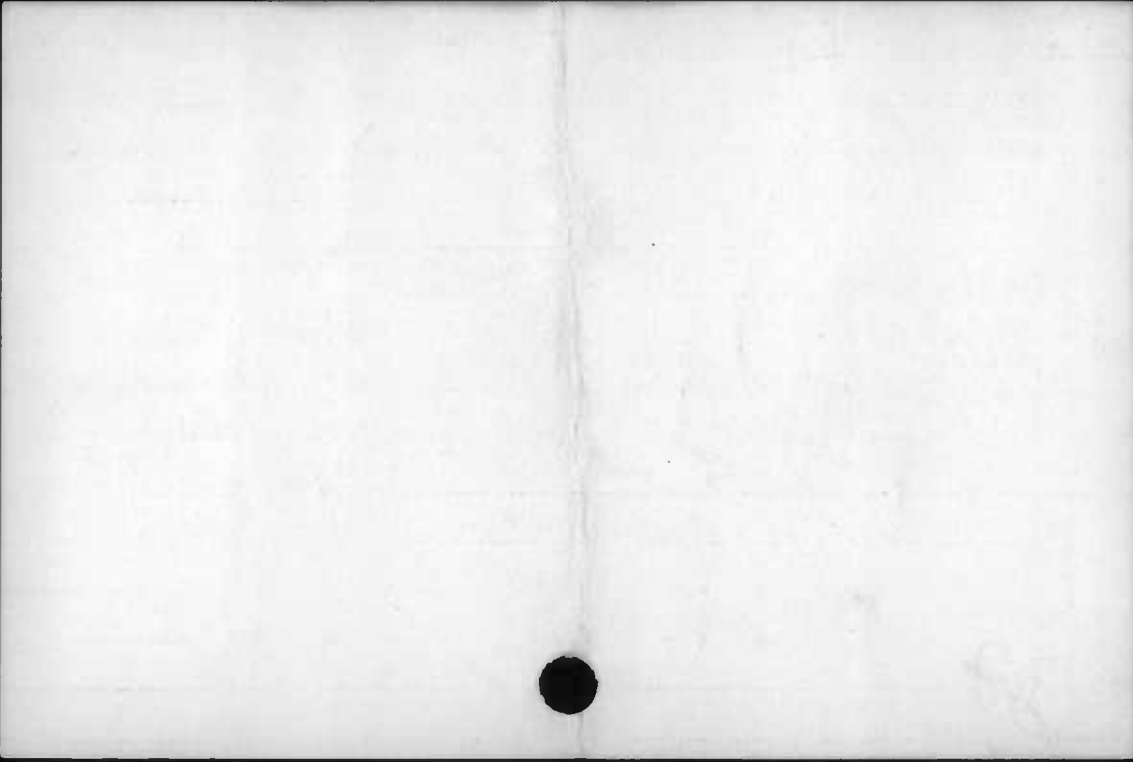
Oliver Purvis
Annapolis

Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Carrie Roberta Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

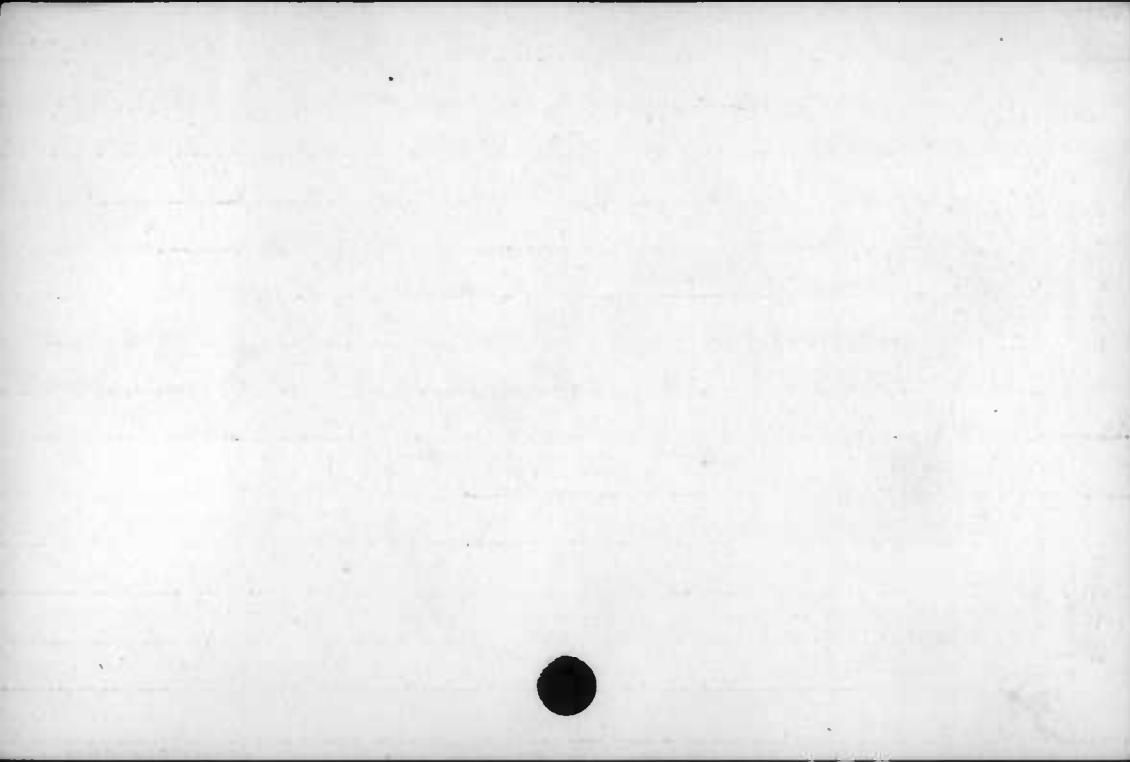
Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>U. A. Co.</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Nov. 17</i>	Day <i>17th</i>	Age <i>15</i>	Years	Months <i>9</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Eastport Md</i>				
Occupation <i>Scholar</i>	Where Residing If not at place of death <i>Eastport, Md</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>John G. Wood</i>	Father's Birthplace <i>Annapolis</i>						
Mother's Maiden Name <i>Mabel E. Wood</i>	Mother's Birthplace <i>New Jersey</i>						
Name of person giving information <i>John G. Wood</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>Appendicitis</i>	How long <i>Six days</i>
Immediate <i>Heart Failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jms Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Eliza E. Wright* Town *German Town* County *Annapolis* *MD* MARYLAND

Died at *German Town*

Date of death *1908* Month *Nov.* Day *12.* Age *19* Years Months Days

Sex *female* Color or Race *Colored* Birth-place *Taylorville*

Occupation *Domestic* Where Residing if not at place of death *German Town*

Married, Single or Widowed *Married* Name of Wife or Husband *Andrew Wright*

Father's Name *Benjamin Brooks* Father's Birthplace *Virginia*

Mother's Maiden Name *Mary A Burley* Mother's Birthplace *Luananne Co*

Name of person giving information *Mary Burley* How related to deceased *Mother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *Months*

Immediate *Asthma* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Andrew Garcia MD* Address *126 Lay St
Annapolis Md*

Accident or Suicide? *8*

